

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF CITY PLANNING

KAISER PERMANENTE MEDICAL CENTER SAN FRANCISCO

NORTH WING ADDITION AND PARKING GARAGE

**DRAFT
ENVIRONMENTAL IMPACT REPORT
83.433E**

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TO: Distribution List for the Kaiser Permanente Medical Center North
Wing Addition and Parking Garage EIR

FROM: Paul Maltzer, EIR Coordinator 

SUBJECT: Draft EIR Replacement Pages

Enclosed are replacement pages for Figures 2, 3, 31, 32 and 33 of the Draft EIR (pages 12, 13, 69, 71 and 73, respectively). The original Figures have been revised to reflect two mechanical penthouses on the roof of the proposed East Wing Addition which were not originally shown, an extension of the East Wing to meet the proposed North Wing Addition, and a partition along the roof of the proposed North Wing. We apologize for any inconvenience this may cause. The corrected Figures will be included in the Final EIR.

As indicated in the Draft EIR, a public hearing on the Draft EIR will be held by the City Planning Commission on September 4, 1986. The public comment period for the Draft EIR extends through September 15, 1986. Written comments should be sent to the Environmental Review Officer, 450 McAllister Street, San Francisco, CA 94102.

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DEPARTMENT OF CITY PLANNING

450 McALLISTER STREET • SAN FRANCISCO, CALIFORNIA 94102

August 1, 1986

TO: Distribution List for the Kaiser Permanente Medical Center North Wing Addition and Parking Garage EIR

FROM: Barbara W. Sahm, Environmental Review Officer

SUBJECT: Request for the Final Environmental Impact Report for Kaiser Permanente North Wing Addition and Parking Garage

This is a draft of the Environmental Impact Report (EIR) for Kaiser Permanente Medical Center North Wing Addition and Parking Garage. A public hearing will be held on the adequacy and accuracy of this document on September 4, 1986. After the public hearing, our office will prepare and publish a document titled "Summary of Comments and Responses," which will contain a summary of all relevant comments on this Draft EIR and our responses to those comments. It may also specify changes to this Draft EIR. Those who testify at the hearing on the draft will automatically receive a copy of the Comments and Responses document along with notice of the date reserved for certification (usually about 9 weeks after the hearing on the draft); others may receive such copies and notice on request or by visiting our office. This Draft EIR, together with the Summary of Comments and Responses document, will be considered by the City Planning Commission in an advertised public meeting and certified as a Final EIR if deemed adequate.

After certification, we will modify the Draft EIR as specified by the Comments and Responses document and print both documents in a single publication called the Final Environmental Impact Report. The Final EIR will add no new information to the combination of the two documents except to reproduce the certification resolution. It will simply provide the information in one rather than two documents. Therefore, if you receive a copy of the Comments and Responses document in addition to this copy of the Draft EIR, you will technically have a copy of the Final EIR.

We are aware that many people who receive the Draft EIR and Summary of Comments and Responses have no interest in receiving virtually the same information after the EIR has been certified. To avoid expending money and paper needlessly, we would like to send copies of the Final EIR to individuals only if they request them.

If you want a copy of the Final EIR, please so indicate in the space provided on the next page and mail the request to the Office of Environmental Review within two weeks after certification of the Final EIR. Any private party not requesting a Final EIR by that time will not be mailed a copy. Public agencies on the distribution list will automatically receive a copy of the Final EIR. Copies will also be available at the Department of City Planning, 450 McAllister Street, San Francisco, California 94102.

Thank you for your interest in this project.

D REF 711.555 Sa52k

San Francisco (Calif.).
Dept. of City Planning.
Kaiser Permanente
Medical Center, San
1986.

REQUEST FOR FINAL ENVIRONMENTAL IMPACT REPORT

To: Department of City Planning, Office of Environmental Review

Re: Kaiser Permanente Medical Center North Wing Addition and Parking Garage Final EIR, 83.433E

(____) Please send me a copy of the Post Street Final EIR.

Signed: _____

Print Your Name and Address Below:

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If you are requesting an FEIR, please tear this page out, show your address above, fold the mailer so that your return address and the Department of City Planning's address is exposed, seal, add postage and mail.

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Department of City Planning
450 McAllister Street, 6th Floor
San Francisco, CA 94102

ATTN: Paul Maltzer

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KAISER PERMANENTE MEDICAL CENTER SAN FRANCISCO
NORTH WING ADDITION AND PARKING GARAGE
83.433E

DRAFT ENVIRONMENTAL IMPACT REPORT

August 1, 1986

Publication Date: August 1, 1986

Public Comment Period: August 1, 1986 through September 15, 1986

Public Hearing Date: September 4, 1986

Written comments should be sent to the Environmental Review Officer, 450 McAllister Street, San Francisco, CA 94102.



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I. SUMMARY

A. PROJECT DESCRIPTION

Kaiser Foundation Hospital, the project sponsor, proposes construction of two projects: a north wing addition to the main hospital building and a seven-story, 553-space parking garage. The north wing addition would provide needed space for Kaiser Health Services, restoring hospital beds taken out of service and enabling the Hospital to regain its licensed capacity. It would also improve pedestrian circulation among existing buildings. With the new parking garage, the Hospital intends to provide additional parking for employees and members, thus alleviating congestion in the neighborhood due to the shortage of on-street parking.

The proposed north wing addition would be on the southwest side of St. Joseph's Avenue between Geary Boulevard and O'Farrell Street, on Lot 5 of Assessor's Block 1095. The addition would displace 24 of 44 surface parking spaces and complete buildout to the lot line.

The new parking structure would be on Assessor's Block 1098, Lots 39 and 48, between St. Joseph's Avenue and Divisadero Street, fronting both Geary Boulevard and O'Farrell Street. Lot 48 currently contains the three-story, 25,200 square foot EZ Storage building. Lot 39 is used as a 35-space surface parking lot by Kaiser.

The proposed north wing would consist of a six-level, 126,649 gross square foot (gsf) addition to the main hospital building. As part of the north wing project, a 7,385 gsf fourth floor would be added to the east wing (O'Farrell Street side) of the existing hospital, and 50,000 gsf of the main hospital building would be rehabilitated. The mass of the north wing addition would rise six stories above St. Joseph's Avenue, 72 feet to the roofline, and would be lower than the existing hospital (80 feet). The new building would be set back five feet at the sixth level along the Geary Boulevard and St. Joseph's

Avenue facades. An elevator tower, providing access to all floors of the north wing and the existing hospital, would rise to a height of 96 feet.

The proposed parking garage would be a seven-level, through-block structure with ground-level commercial frontage on both Geary and O'Farrell. The garage would consist of 227,162 gross square feet of parking area and 20,000 gsf of administrative office and storage space. It would contain 553 parking spaces. Vehicle access to the garage would be from Geary Boulevard and O'Farrell Street. There would be one entry lane (leading to two ticket gates) and two exit lanes on Geary and one entry and one exit lane on O'Farrell Street. The two lots comprising the garage site contain a total of 39,840 square feet. The garage would total 247,162 gross square feet. The height of the new structure would range from about 69 feet at its highest point on Geary Boulevard to 58 feet high at its highest point on O'Farrell Street.

The north wing is expected to be completed in 24 months; renovation of the Hospital would occur over a three-year period. The estimated construction cost of the north wing addition would be \$25,100,000 (1984 dollars). The parking garage would take about 12-1/2 months to complete. Construction cost is estimated at \$6,500,000.

B. ENVIRONMENTAL IMPACTS

1. Initial Study

The north wing addition and parking garage were examined in an Initial Study to identify the potential effects on the environment. Some impacts of the proposed projects were determined to be potentially significant and will be analyzed in the EIR. Certain potential environmental issues were determined to be either insignificant or their potential impacts would be mitigated through measures incorporated into the project design. These will not be addressed in the EIR: light and glare; population, employment and housing; noise; air quality; impacts from odors/burning of materials; utilities and public services; geology/topography; water; hazards; cultural resources; and biology. A land use section is included in the EIR for a clarification of issues but it is not required by the Initial Study. A copy of the Final Initial Study is attached to this report as Appendix A, page A-1.

2. Land Use

The North Wing and parking garage are located in a C-2 area that is part of the City's overall proposal for Neighborhood Commercial Rezoning. Interim controls were adopted by the City Planning Commission on March 4, 1985. The site would be rezoned to NC-3 (Moderate Scale Neighborhood Commercial District).

When a difference exists in the zoning requirement of interim and permanent controls (NC-3 and C-2), the project will be subject to the more restrictive controls of each (Section 306.7(b)). Hospitals, medical centers and parking garages require CU authorization in an NC-3 District (as well as in a C-2 District), as noted in Sections 712 and 790.44 of the Code. CU authorization is also required in an NC-3 District for development of a site that is larger than 10,000 square feet, or for a project that contains uses (i.e., office, parking) that would total more than 5,000 gsf (Section 121.5 and Section 121.7).

The Planning Code allows an FAR of 3.6:1. The proposed north wing addition and hospital together total 336,400 gross square feet, for an FAR of 3.3:1.

According to City Planning Code, the north wing addition would require 63 parking spaces. The parking spaces would be supplied in the proposed garage.

Accessory parking may include up to 150% of the parking spaces required by Planning Code. Kaiser is required to have 718 spaces for the existing hospital, north wing addition and proposed garage; 1,077 spaces (150% of 718) would be allowed as an accessory use. With the construction of the proposed garage, Kaiser would ultimately provide 1,104 parking spaces. A Conditional Use authorization would be required for the 27 spaces in excess of the accessory parking allowance.

Because most of the parking garage would be defined as accessory parking (per sections 159 and 204.5 of the Planning Code), it would not be included in gross floor area for purposes of FAR Calculations (per section 102.8). The 20,000 gross square feet of commercial space proposed for the garage and the 27 spaces exceeding accessory parking allowances would represent an FAR of 0.78:1. The garage would comply with height and bulk requirements.

The freight loading requirement for the Kaiser campus is three spaces, and three spaces would be provided.

The parking garage would require Conditional Use authorization for an exception to the Planning Code pertaining to exposed roof top uses.

3. Urban Design and Visual Quality

The height of the proposed north wing would visually conform to the height of other major structures in the vicinity; the Hospital would rise three floors above the mass of the north wing structure due to the sloping terrain, thus preserving existing scale and bulk relationships in the area.

The proposed north wing addition would extend hospital building construction on the block down to the west margin of St. Joseph's Avenue, where a parking lot is presently located. In addition, the proposed single-story addition to the east wing of the existing hospital structure adjacent to O'Farrell Street would incrementally increase the apparent mass of the facility on the project site. The project would therefore constitute an infilling of areas on the project site that currently do not contain construction. The proposed project would not obstruct views or detract from views along the Geary Boulevard corridor. Public views downslope and east along Geary Boulevard toward downtown San Francisco would be unaffected by the proposed project. The project would, however, incrementally obstruct views to nearby hillsides north and northeast of the project site, primarily from the lower levels of adjacent residential units that overlook O'Farrell Street.

The horizontal emphasis of the proposed parking structure and the openings on each floor would be similar to and contiguous with the facade lines of the adjacent parking garage. Because the levels of the new structure would align with the existing garage, the visual effect would be unity through form, though with some stylistic differences.

Although the proposed parking structure would, at its highest point, be taller than the existing parking garage, it would appear to be at the same height due to its lower elevation. The new garage would replace the EZ Storage building, which would be demolished. The height of the new garage, therefore, would visually conform to the height of other major structures in the vicinity.

4. Transportation

The proposed north wing addition would generate about 670 daily person trips with about 70 person trips during the p.m. peak hour. The project would generate 40 p.m. peak-hour vehicle trips. Levels of service at adjacent intersections would not be changed due to project-generated auto trips. However, the consolidation of existing off-campus leased parking into the new garage would draw vehicular traffic to the immediate hospital vicinity.

The project would add about 15 p.m. peak-hour transit trips, which would not have a measurable effect on Muni. The garage entrance on Geary Boulevard is designed with an acceleration and deceleration lane. Vehicles entering or exiting the garage would not disrupt travel lanes on Geary.

The added parking demand caused by the proposed project would increase demand in the Medical Center vicinity by about 174 spaces. The 553-space proposed parking structure would accommodate the increased parking demand created by the proposed project and would also address the eventual shortfall of parking due to the termination of existing leases on other parking lots in the area. It would also alleviate the number of vehicles parking on surrounding streets.

5. Energy

Most new buildings in California are subject to the energy standards set forth in Title 24 of the California Administrative Code. Hospitals are exempt because of their around-the-clock operation, stringent space conditioning requirements (heating, cooling and ventilation), special equipment and safety requirements. Nonetheless, the proposed project would be designed to meet or exceed all Title 24 requirements, where these requirements do not conflict with hospital health and safety codes. The expected combined future energy consumption of the proposed building and the existing facility including the remodelled areas would be approximately 153 billion BTUs. The total estimated energy consumption for building construction and site preparation would be about 46 billion BTUs. The total annual transportation energy which would be consumed by the proposed project is 7,900 million BTUs.

C. MITIGATION MEASURES

1. Mitigation Measures Included As Part of Project

- o Establishment of a more intensive Transportation System Management (TSM) program. It would include ridesharing, single-occupant commute disincentives, transit promotion and marketing and employee incentives. (The basic program is summarized on pp. 110-112.)
- o To reduce noise, the project sponsor would require that trucks accessing the Hospital site not use O'Farrell Street.
- o Prior to foundation excavation, a 10-foot-high plywood fence would be erected around the construction site, which could reduce construction noise by about 10 to 15 dBA.
- o During demolition of the EZ Storage building, a concrete saw would be used in lieu of jackhammers.
- o The project sponsor would require the contractor to implement a twice-daily watering program that would reduce airborne construction dust and particulates.
- o An evacuation and emergency response plan would be developed by the project sponsor or building management staff, in consultation with the Mayor's Office of Emergency Services.
- o The project sponsor would retain an historical archaeologist to perform archival research and site inspection to determine the potential for discovery of cultural or historic artifacts.
- o The project would be designed to comply with or exceed the requirements of Title 24 of the California Administrative Code and all state and local building and energy conservation codes that do not conflict with hospital health and safety codes.

A complete list of mitigation measures is provided in Chapter V., pp. 110-116.

D. ALTERNATIVES

1. No Project

This alternative would entail no change to the main hospital site or in the supply of parking. None of the environmental impacts associated with the proposed project would occur. Because the no project alternative would not provide needed space, improve patient and pedestrian circulation, or alleviate congestion on neighborhood streets caused by the shortage of parking, the project sponsor has rejected it (page 116).

2. Alternative Site for North Wing

This alternative would involve a new site, probably removed from the main campus. The project sponsor believes that dispersion of facilities, rather than consolidation, would reduce the efficiency and responsiveness of the Hospital. In addition, improved access and internal circulation, goals sought by the project sponsor would not be achieved. This alternative was rejected because of the financial and operational ramifications of a split facility.

3. Smaller North Wing Structure

This alternative would entail a smaller structure for the North Wing Addition. Although traffic and parking generation would be reduced by 30% from the proposed project, the net change in impacts on nearby intersections would be minimal. Any reduction in size from the current proposed addition was rejected by Kaiser due to the integral space needs for each of the hospital departments and the lack of space to provide the required level of health care.

4. Parking Garage Without Sinai Site: Maximum Commercial Space

This scheme would involve only the EZ Storage site, a lot containing 25,200 square feet. The structure would rise to eight levels or approximately 72 feet, contain a total of 167,461 gross square feet, and include 436 parking spaces. A total of 10,700 square feet would be devoted to office and storage uses. Visual quality, energy and noise impacts would be somewhat reduced from those of the proposed project. The project sponsor has rejected this alternative because it provides an insufficient number of parking spaces.

5. Reduced Parking Garage

For this alternative, the building would have the same footprint as the proposed garage but would include only four floors and would contain 308 parking spaces. Visual quality impacts would be reduced because the new garage would be a transitional element between the bulk of the existing institutional uses and that of residential areas. Energy and noise impacts would also be somewhat reduced. The project sponsor has rejected this alternative because it would provide only 49% of the parking space required for current needs and future expansion.

II. PROJECT DESCRIPTION

A. PROJECT SPONSOR'S OBJECTIVES

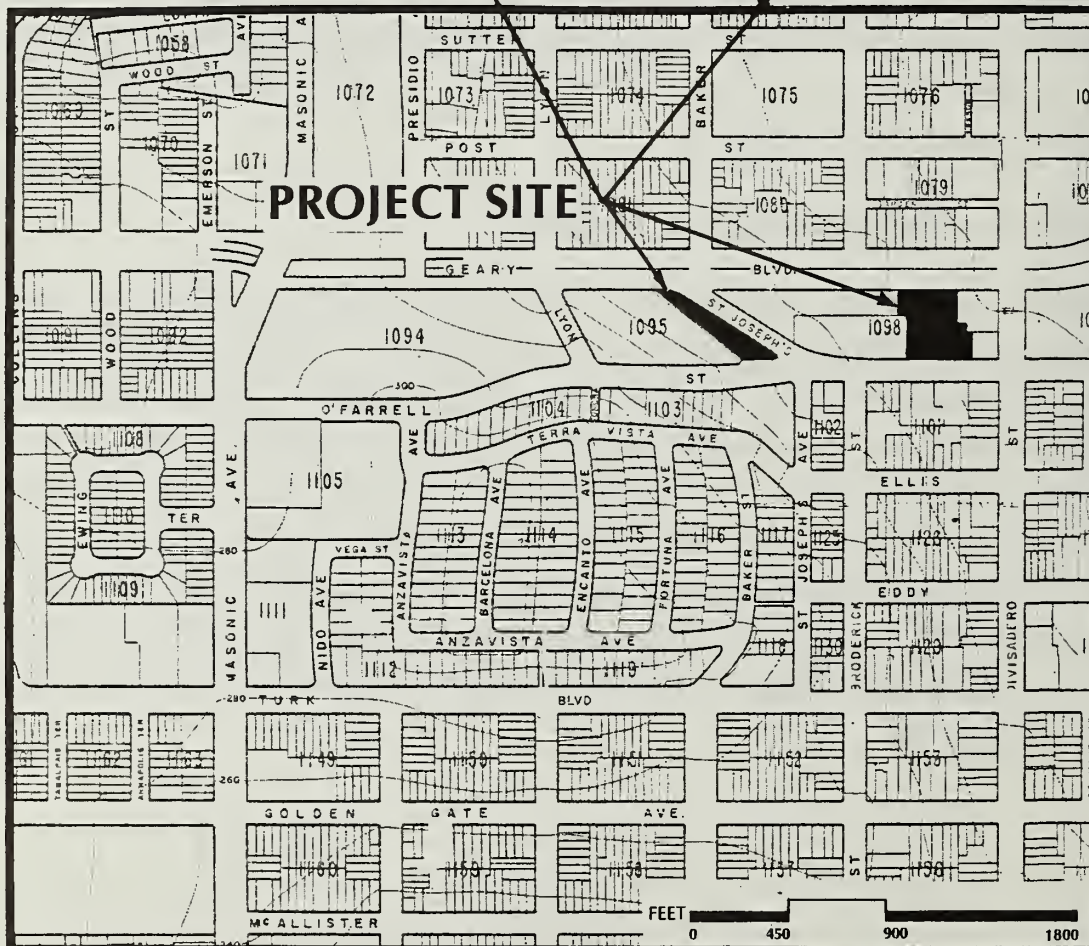
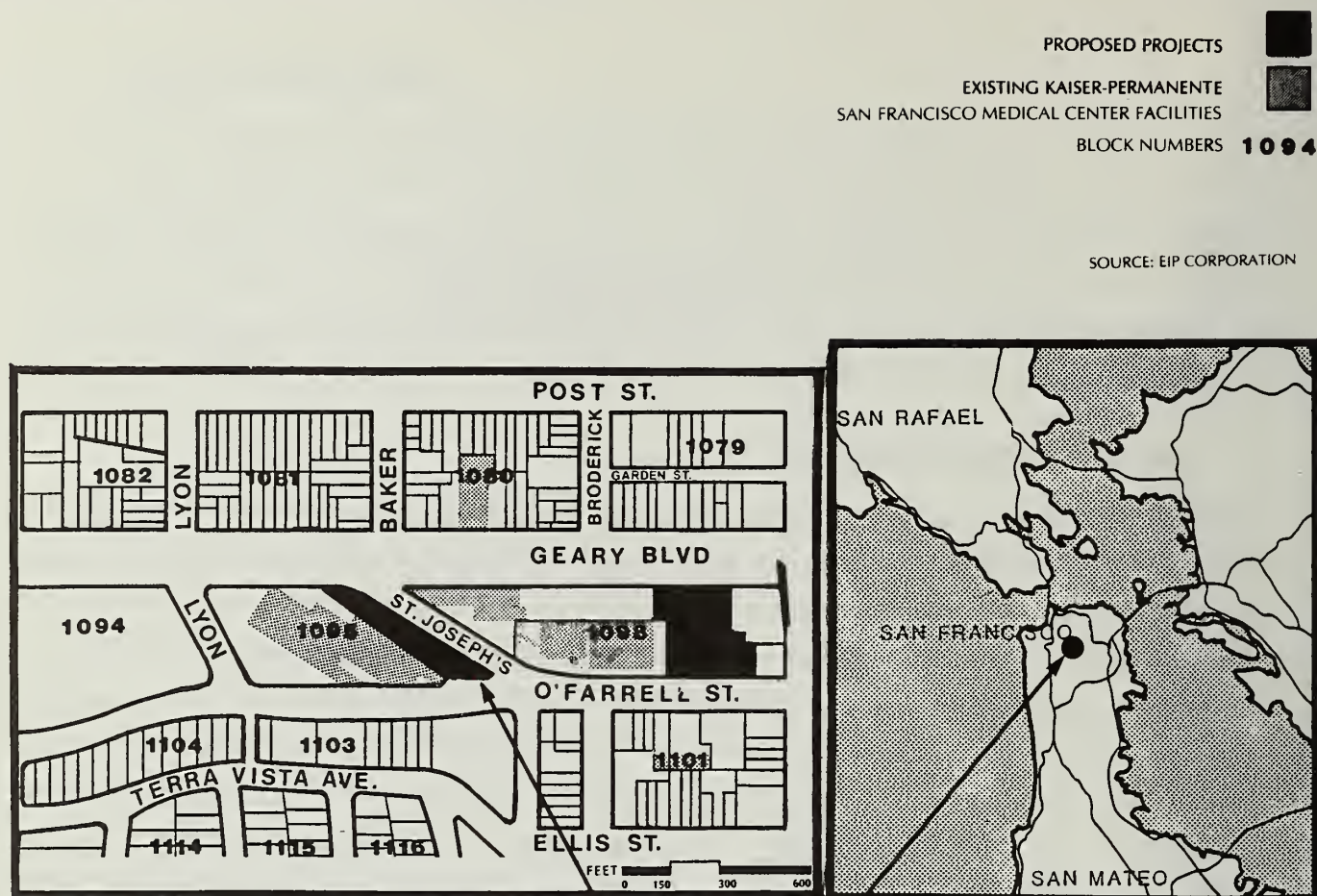
The project sponsor, Kaiser Foundation Hospital, proposes construction of two projects: a six-story north wing addition to the main hospital building and a seven-story 553-space parking garage. The overall objective of Kaiser Foundation Hospital is to provide safe, personal and effective care to its members. Both proposed projects would contribute to that goal. Specifically, the north wing addition would provide space which the sponsor believes is needed for Kaiser Health Services; restore hospital beds taken out of service, provide storage space, and improve pedestrian circulation among existing buildings (particularly for disabled patients). It would enable the Hospital to upgrade specialty units, such as ICU, CCU, ICN, Cardiovascular Surgery, Hemodialysis and Obstetrics. With the parking garage, the Hospital intends to provide additional parking for employees and Kaiser members that would alleviate congestion in the neighborhood caused by an inadequate supply of parking spaces.

B. LOCATION OF THE PROPOSED PROJECT

The Kaiser Foundation Hospital and main medical office buildings of the Kaiser-Permanente San Francisco Medical Center are located on Geary Boulevard at St. Joseph's Avenue and O'Farrell Street between Lyon and Divisadero Streets. The north wing addition would be on the southwest side of St. Joseph's Avenue between Geary Boulevard and O'Farrell Street, on Lot 5 of Assessor's Block 1095 (Figure 1, page 10). A 44-space surface parking lot would be reduced by 24 spaces and the main entrance to the Hospital would be relocated to the new north wing. The western curblineline at Geary/St. Joseph's would be extended to incorporate the existing traffic island and create a protected drop-off area on St. Joseph's Avenue in front of the main entrance for the North Wing Addition (Figure 10, page 22).

PROJECT LOCATION MAP

FIGURE 1



The project sponsor also proposes to build a parking structure between St. Joseph's Avenue and Divisadero Street on Assessor's Block 1098, Lots 39 and 48 fronting on both Geary Boulevard and O'Farrell Street (Figure 1, page 10). The seven-level structure would accommodate 553 parking spaces with access from Geary Boulevard and O'Farrell Street. Lot 48 currently contains the three-story, 25,200-square-foot EZ Storage building; Lot 39 is used as a 35-space, surface parking lot by Kaiser (formerly Sinai Memorial).

Both the north wing addition and parking structure sites are within an existing C-2 (Community Business) District where principal permitted uses are offices and commercial establishments. The project sites are also subject to Neighborhood Commercial Interim NC-3 Controls (see zoning discussion in Sections III.A.2 and IV.B.2). The applicable height and bulk district is 105-E, which allows a building height of 105 feet, a maximum 110-foot length, and a 140-foot diagonal dimension above 65 feet. The basic floor area ratio (FAR) allowed in a C-2 or NC-3 District is 3.6:1.

C. PROJECT CHARACTERISTICS

1. North Wing Addition

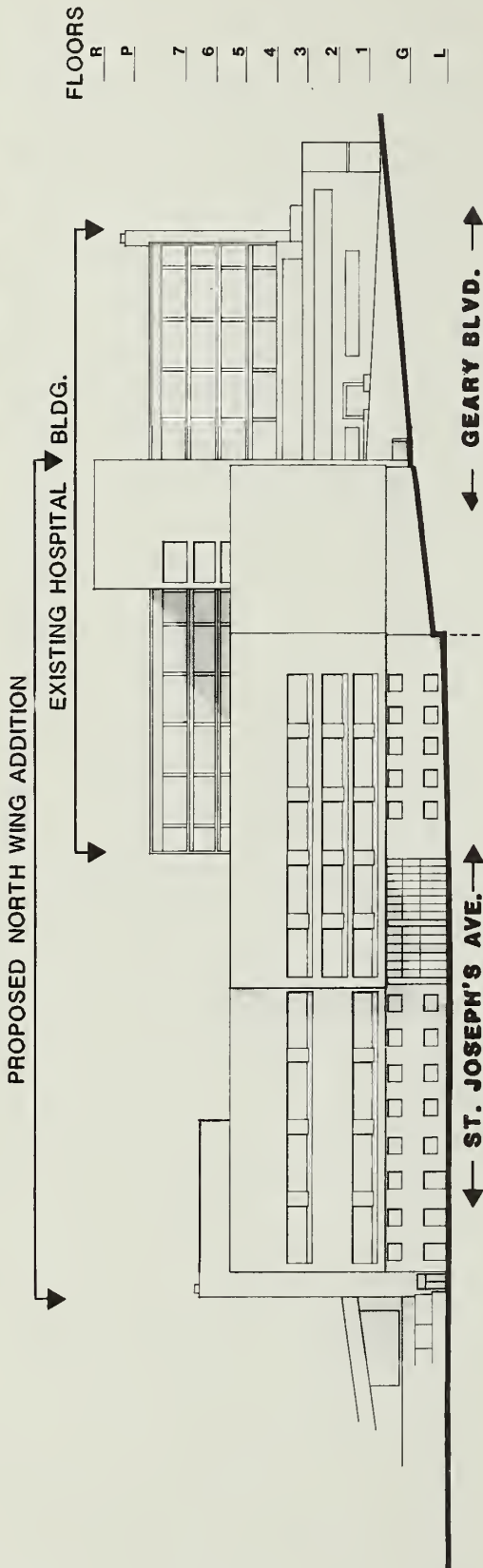
Kaiser Foundation Hospital intends to rehabilitate 50,000 gross square feet (gsf) of the existing eight-story, 202,400-square-foot hospital building and construct a new six-story, 126,649 gsf north wing addition to the main hospital building (Figures 2 and 3, pages 12 and 13). As part of the north wing project, a 7,385 gsf fourth floor would be constructed on the east wing (O'Farrell Street side) of the existing hospital and a telecommunications dish 8 feet in diameter would be attached to the west side of the existing hospital near the roof (see Figures 2 and 3, pages 12 and 13).

The first level (see Figure 4, Lobby Level, page 14) of the north wing would start at sidewalk level on St. Joseph's Avenue. The new entrance would be closer to the O'Farrell Street parking structure than the existing entrance and would provide for a curbside vehicular drop-off point. This floor would be used generally for administrative functions that serve the public directly, such as admissions, personnel, public relations and business office claims.

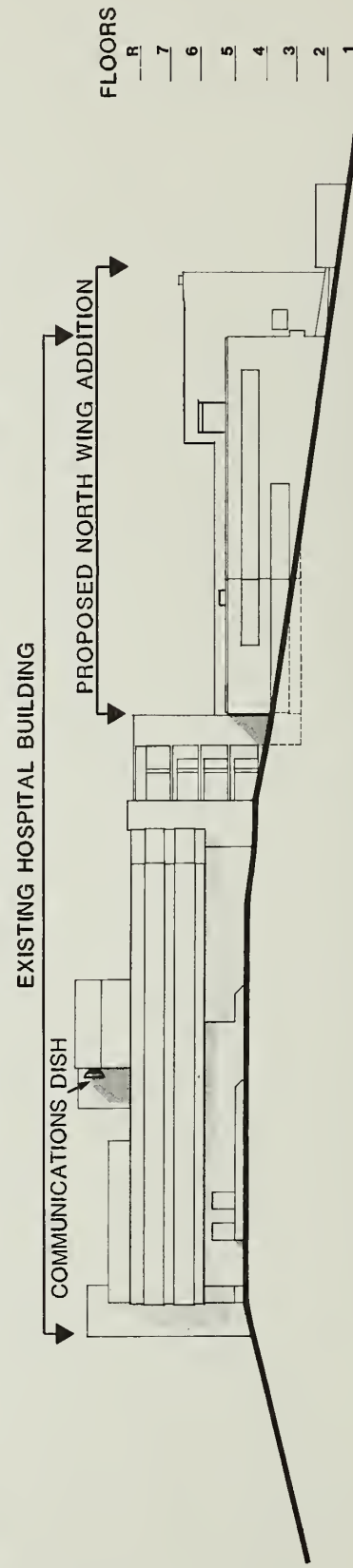
NORTH WING ELEVATIONS (NORTH AND SOUTH)

FIGURE 2

SOURCE: HOSPITAL BUILDING AND EQUIPMENT COMPANY, JUNE 1983



a- NORTH ELEVATION

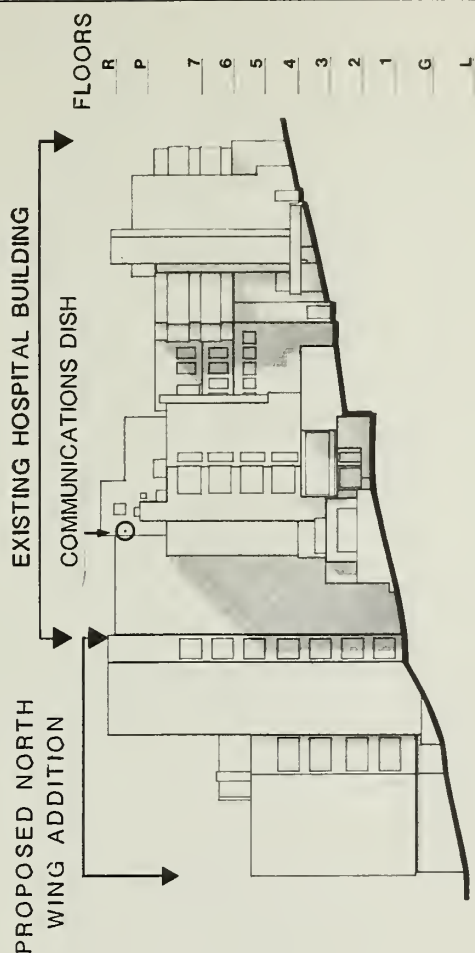
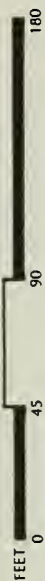


b- SOUTH ELEVATION

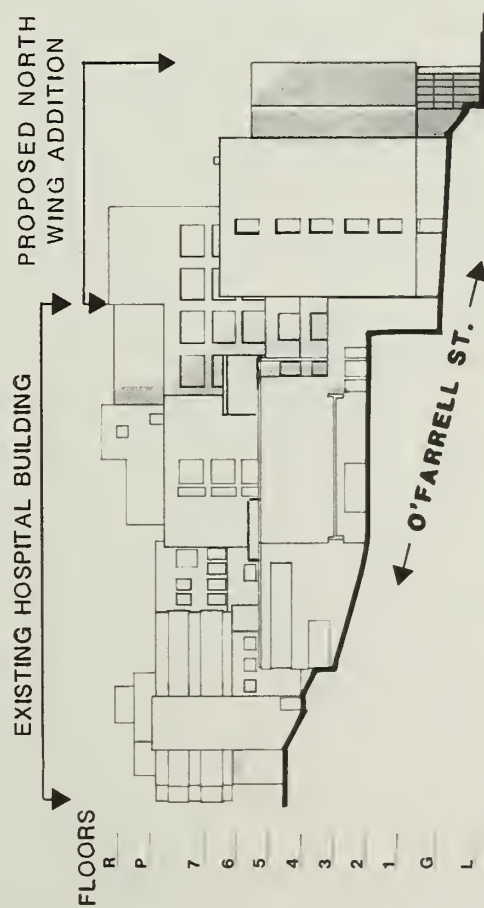
NORTH WING ELEVATIONS (EAST AND WEST)

FIGURE 3

SOURCE: HOSPITAL BUILDING AND EQUIPMENT COMPANY, JUNE 1983



b - WEST ELEVATION



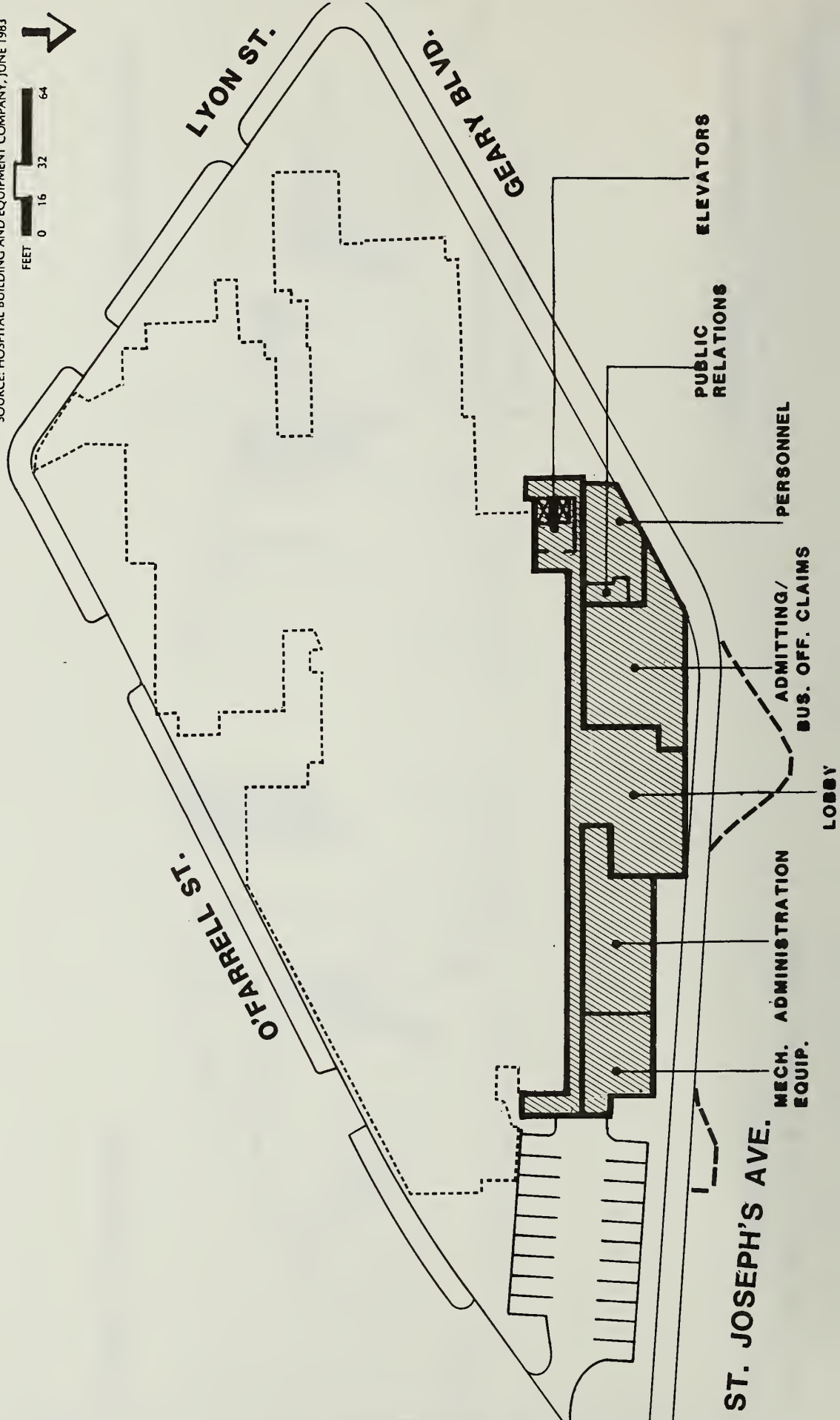
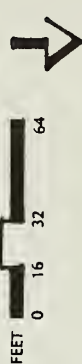
a - EAST ELEVATION

LOBBY LEVEL PLAN: NORTH WING ADDITION

FIGURE 4



SOURCE: HOSPITAL BUILDING AND EQUIPMENT COMPANY, JUNE 1983



The second level of the proposed addition (see Figure 5, page 16) would contain administrative service functions that relate to staff, such as medical records, nursing administration and social services. The medical library and conference and classrooms would be located on this floor.

The third level (see Figure 6, page 17) would contain the orthopedic outpatient clinic, the cardiovascular surgery offices. This level would connect directly to the first floor of the existing hospital.

The fourth level (see Figure 7, page 18) would allow consolidation of "imaging" services on one floor and in one department. These services include radiology, nuclear medicine, ultrasonography and echocardiography. In addition, hemodialysis, EEG, medical procedure room, doctor's sleeping rooms (on call) and the mail/copy center would relocate to this floor in renovated space.

The fifth level (see Figure 8, page 19) would provide 44 new OB nursing beds and a 16-bed well-baby nursery. When combined with the proposed renovation for expanded labor and delivery, intensive care nursery and intermediate care nursery, this floor would function as a regional referral maternal/child care service. Expanded facilities would include four delivery rooms, three alternative birthing rooms, and pediatric ICU eight labor rooms.

The sixth and top level of the north wing (see Figure 9, page 20) would become an expanded surgery department with six general operating rooms, two cardiovascular operating rooms, one cystology room and additional facilities to accommodate outpatient surgery. The floor has been planned to provide a third cardiovascular-operating room, if needed.

The renovation of space in the existing hospital would create an expanded central supply, a new 10-bed intensive care unit and a new respiratory therapy department. On the fifth and sixth floors of the existing hospital, the only new construction would be an elevator tower that would serve all nine levels of the building (i.e., the six levels of the new addition and the seven levels of the existing hospital). On the seventh floor, renovation of the vacated hemodialysis and inpatient pharmacy departments' spaces would provide the additional space needed to meet the licensed capacity of 323 beds.

SECOND LEVEL PLAN: NORTH WING ADDITION

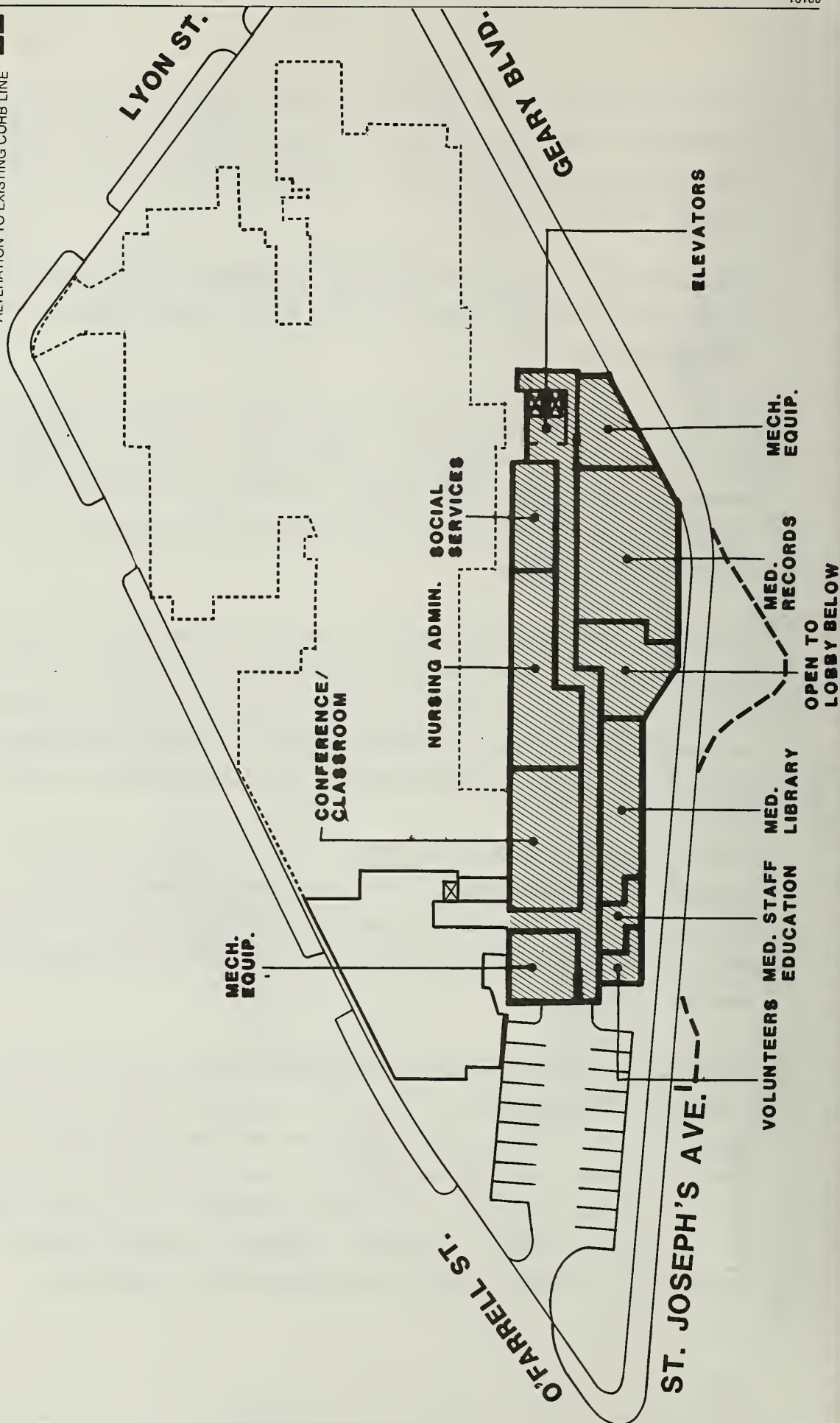
FIGURE 5

- UNCHANGED
- OUTLINE OF BUILDING ABOVE
- REMODELED EXISTING HOSPITAL
- PROPOSED NORTH WING ADDITION
- ALTERATION TO EXISTING CURB LINE

SOURCE: HOSPITAL BUILDING AND EQUIPMENT COMPANY, JUNE 1983

FEET 0 16 32 64

↑



THIRD LEVEL PLAN: NORTH WING ADDITION

FIGURE 6

- UNCHANGED
- OUTLINE OF BUILDING ABOVE
- REMODELED EXISTING HOSPITAL
- PROPOSED NORTH WING ADDITION

SOURCE: HOSPITAL BUILDING AND EQUIPMENT COMPANY, JUNE 1983

0 16 32 64
FEET



COMMUNICATIONS

HOUSEKEEPING

MAINTENANCE SHOP

O.S.S.A. CLINIC

PHARMACY
IN/OUT PATIENT

O'FARRELL ST.

LYON ST.

GEARY BLVD.

ST. JOSEPH'S AVE.

ORTHOPEDIC
OUTPATIENT
CLINIC

CARDIOVASCULAR
OFFICES

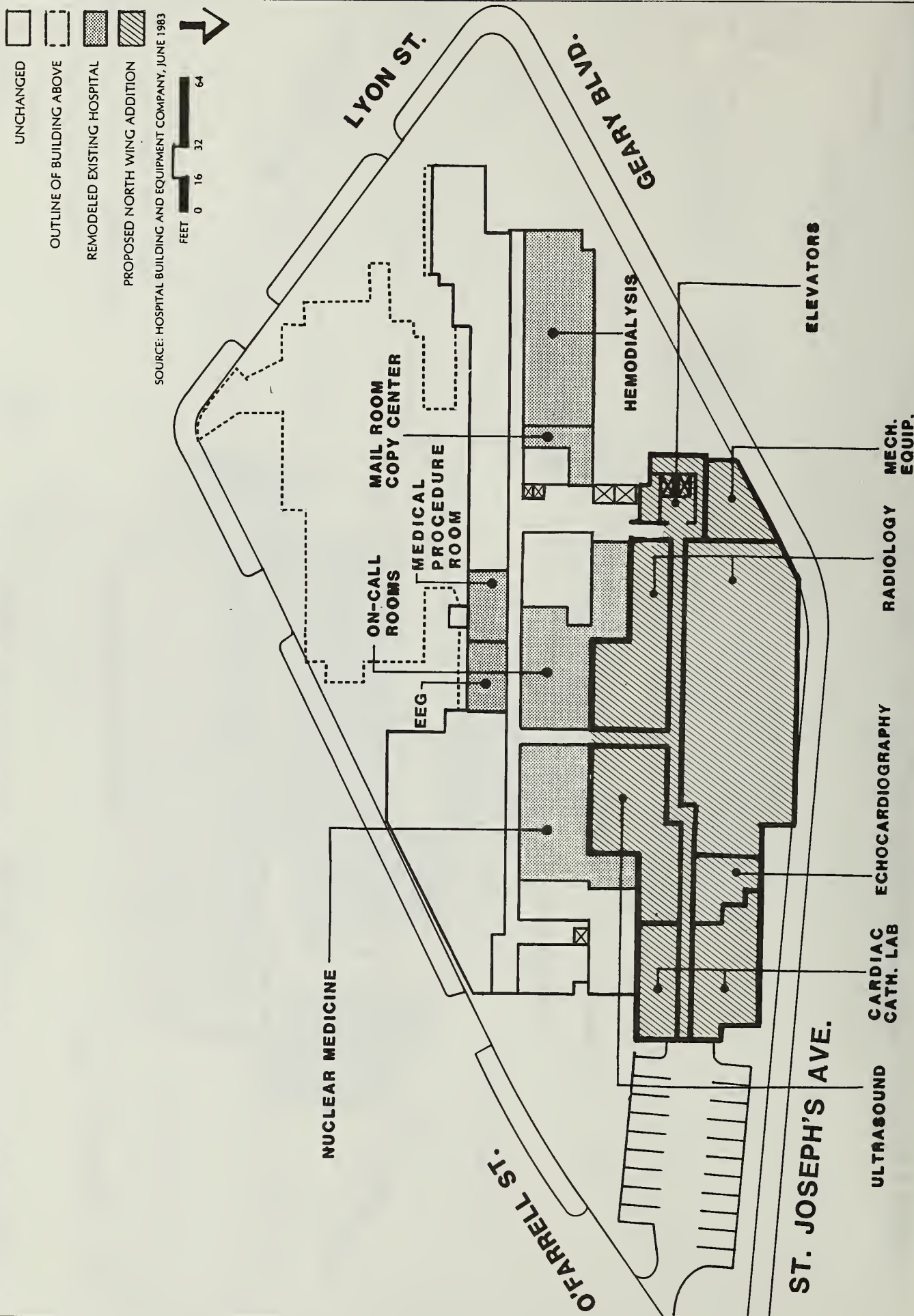
PHYSICAL
THERAPY

MECH.
EQUIP.

ELEVATORS

FOURTH LEVEL PLAN: NORTH WING ADDITION

FIGURE 7



FIFTH LEVEL PLAN: NORTH WING ADDITION

FIGURE 8

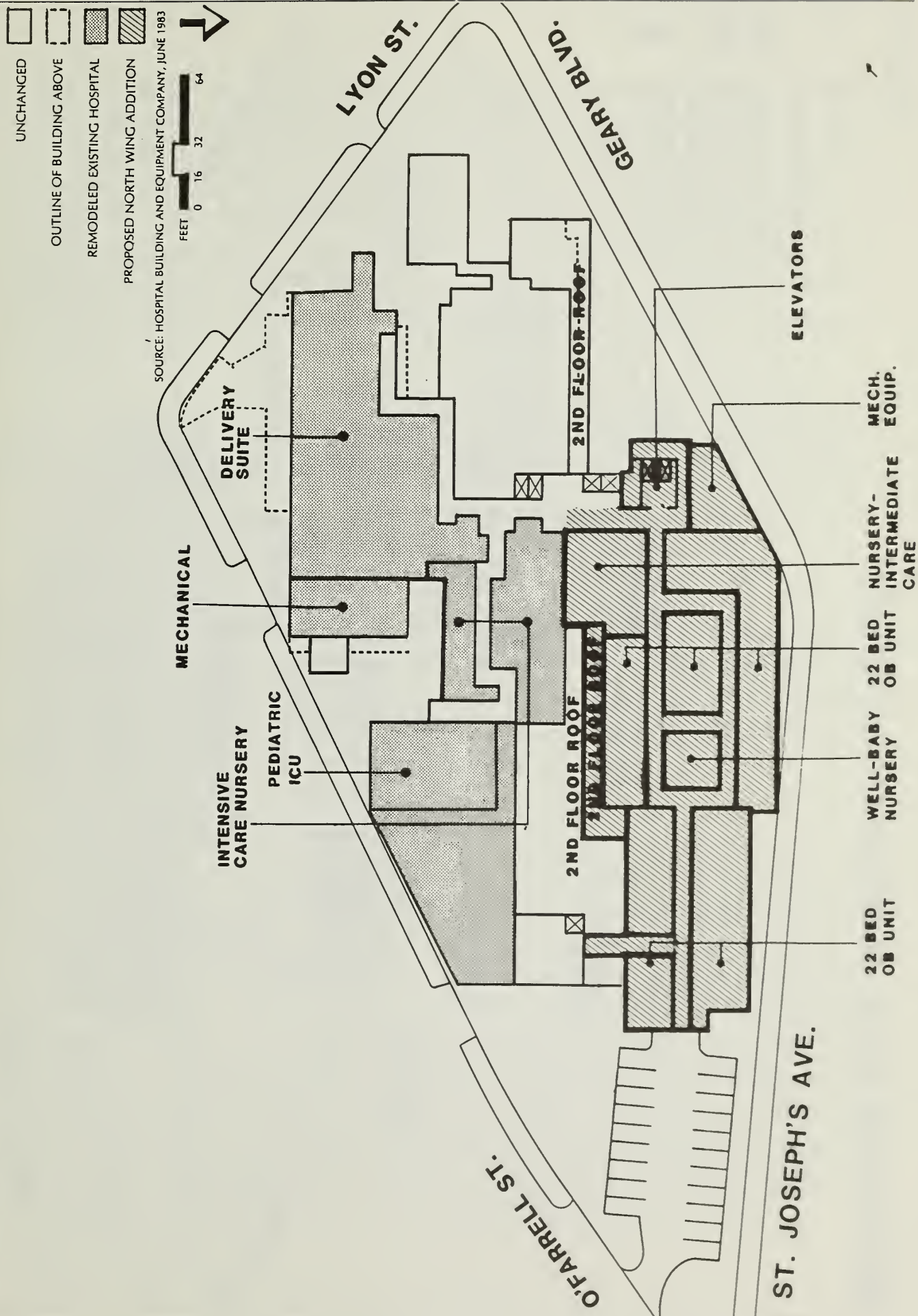
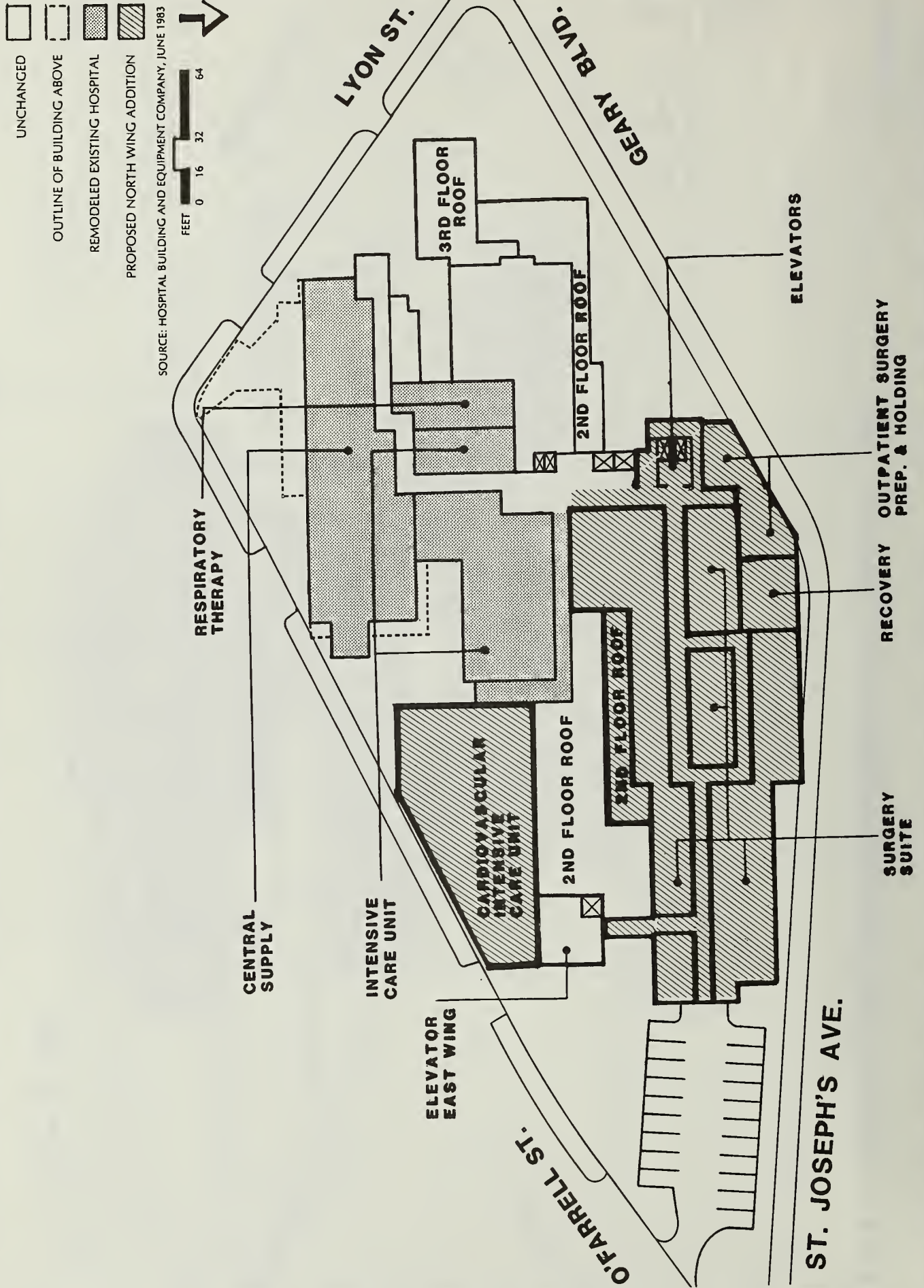


FIGURE 9

SIXTH LEVEL PLAN: NORTH WING ADDITION



The main entrance to the hospital would be relocated to the new north wing with access from St. Joseph's Avenue (Figure 10, page 22). The mass of the north wing addition would rise six stories above St. Joseph's Avenue (72 feet to the roofline) and would be lower than the existing hospital (80 feet). The new building would be set back five feet at the sixth level along the Geary Boulevard and St. Joseph's Avenue facades (Figure 11, page 23). The existing elevator tower would be enlarged to provide more capacity. It would provide access to all floors of the north wing and the existing hospital, and would rise to a height of 96 feet, which would be 15 feet, 6 inches above the existing roofline of the Hospital's seventh floor.

To improve the appearance of the pedestrian environment, trees, shrubs and groundcover plants would be planted in the area of the north wing addition's main entry along St. Joseph's Avenue (Figure 12, page 24). Design measures have been taken to consolidate and shield rooftop mechanical equipment when viewed from higher elevations.

a. Fourth Floor Addition to East Wing

As part of the north wing project, 7,385 square feet would be added to the east wing (O'Farrell Street side) of the existing hospital's fourth floor. Additionally, a new floor for two eight-bed cardiovascular intensive care nursing units would be constructed (Figure 9, page 20). This addition would include a connecting corridor to the new north wing surgery department and provide access to the existing east wing elevator.

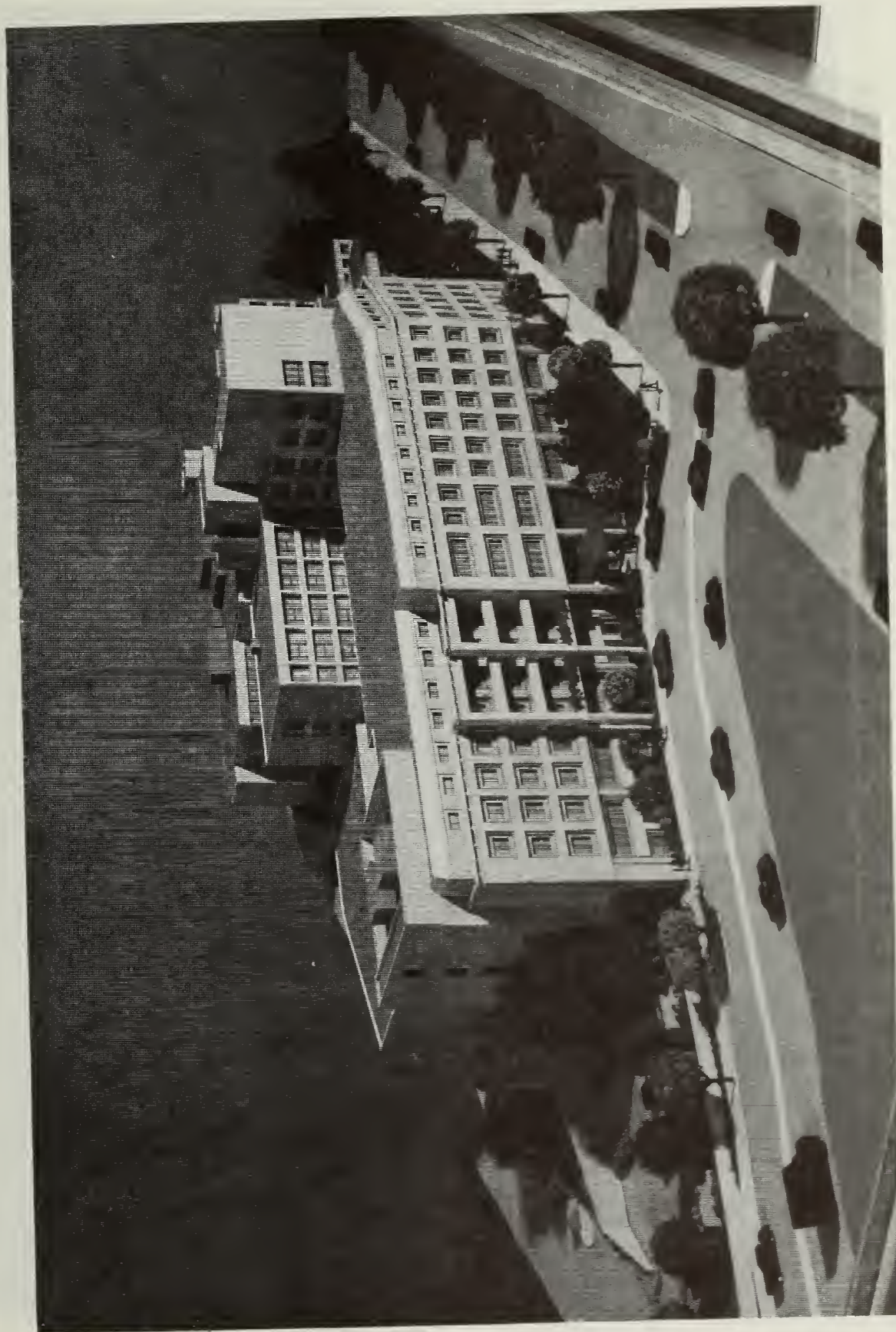
b. Partial Renovation of East Wing

The renovation of portions of the east wing would be concurrent with the north wing addition. Fifty-thousand square feet of existing space would be rehabilitated to allow for expansion and upgrading of various services. The renovation would occur on the first, second, third and fourth floors of the east wing, which would connect to the third, fourth, fifth and sixth levels of the proposed north wing, respectively. Communications, housekeeping and pharmacy departments would occupy renovated space on the first floor (Figure 6, page 17). Nuclear medicine, on-call rooms, mail room and hemodialysis would be included in the rehabilitation of the second floor (Figure 7, page 18). The renovated space on the third floor would contain the intensive care nursery, delivery suite and some mechanical space (Figure 8, page 19). Finally, the intensive care unit, central supply and



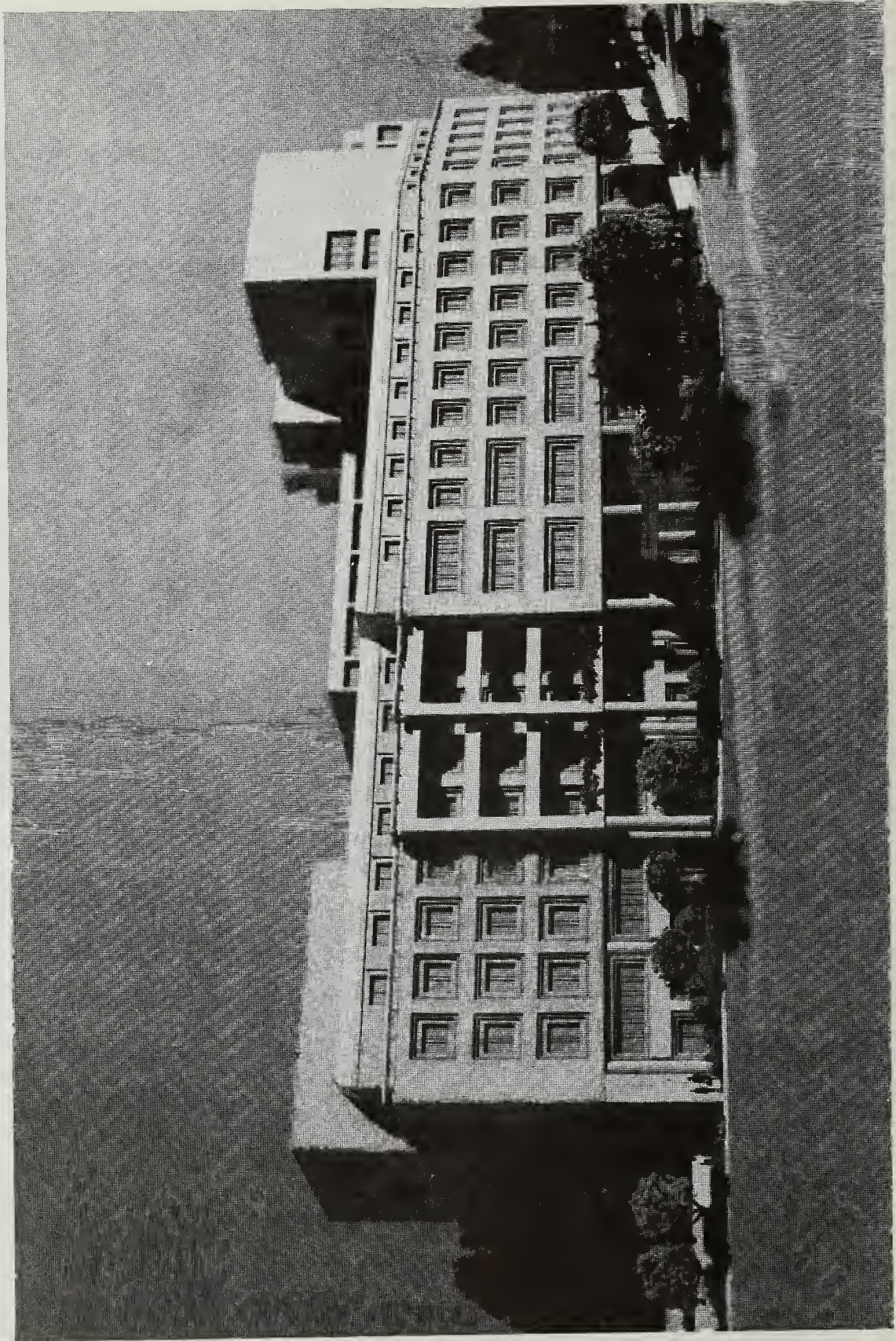
FIGURE 11

AERIAL PERSPECTIVE: NORTH WING ADDITION



GROUND - LEVEL PERSPECTIVE:
NORTH WING ADDITION

FIGURE 12



respiratory therapy department would occupy remodeled space on the fourth floor (Figure 9, page 20).

2. Parking Garage

The proposed parking garage would be a seven-level, 247,162 gsf through-block structure with ground-level commercial frontage on both Geary and O'Farrell (Figures 13-18, pages 26-31). The garage would have 227,162 gsf of parking area, 13,900 gsf of administrative office space and 6,100 gsf of storage space. It would contain 553 parking spaces, 83 of which would be designated for compact vehicles, with spaces for handicapped drivers, vanpools, bicycles and motorcycles.

Vehicle access to the garage would be from Geary Boulevard or O'Farrell Street. There would be one entry lane (expanding to two entry gates inside the structure) and two exit lanes on Geary, and one entry and one exit on O'Farrell Street. Two-way ramps would carry traffic to the upper levels.

The two lots comprising the garage site contain a total of 39,840 square feet. The garage would be approximately 247,162 gross square feet. Except for 27 parking spaces and the commercial space, the parking garage would be classified as accessory parking (per section 204.5 of the Planning Code), and therefore would not be included in gross floor area for purposes of FAR calculations (per Code section 102.8(b)(6)). (See Land Use and Zoning Impacts discussion below, page 63.) The 20,000 gross square feet of commercial space proposed for the garage (6,100 storage, 13,900 office) and 27 parking spaces would represent an FAR of 0.78:1.

The height of the new structure would range from about 69 feet high at its highest point on Geary to 58 feet high at its highest point on O'Farrell Street. The garage would conform to the existing 105-E height and bulk controls for the site (see page 63).

The garage would be built of concrete and would comply with seismic design standards of the San Francisco Building Code. The facade would consist of textured natural concrete, painted to be compatible with existing facilities.

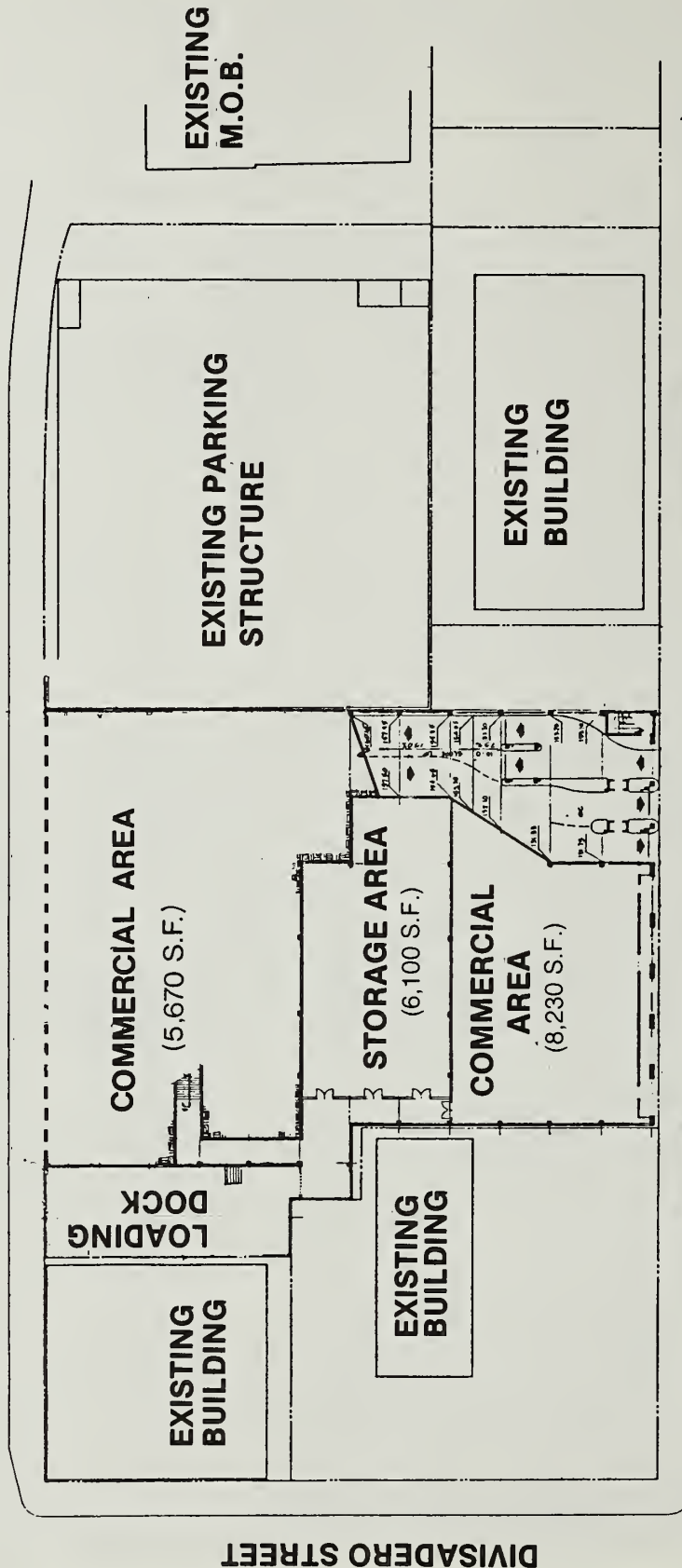
SITE PLAN: PARKING GARAGE

FIGURE 13

SOURCES: INTERPARK/EP ASSOCIATES



O'FARRELL STREET



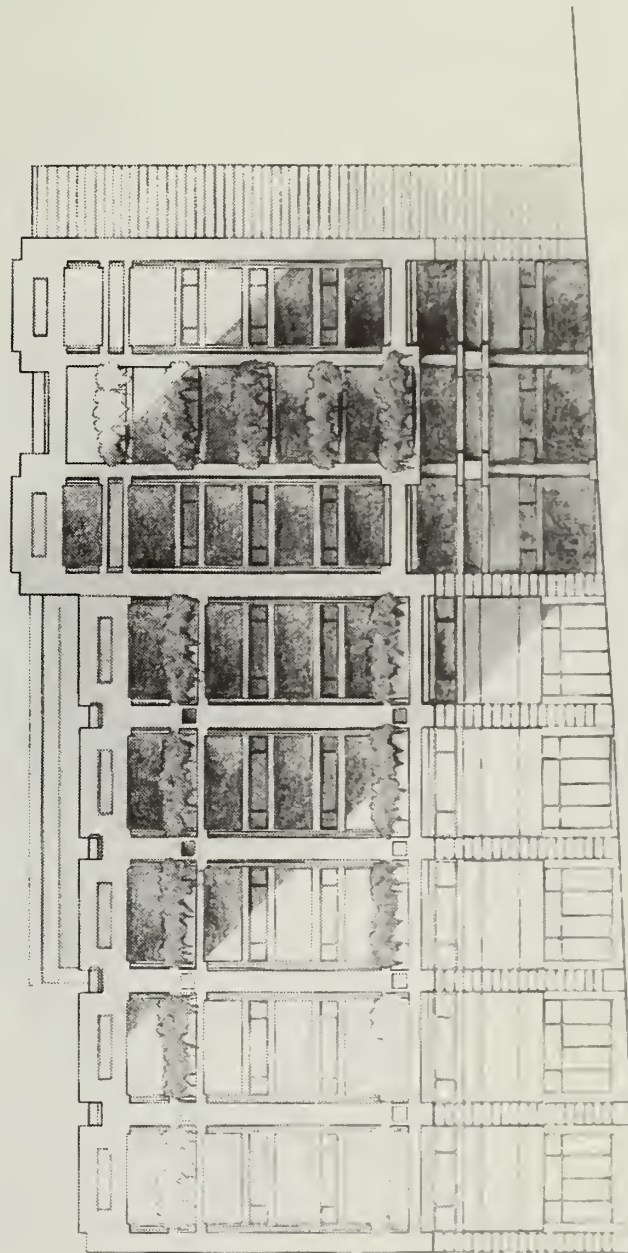
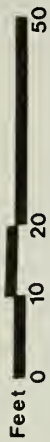
DIVISADERO STREET

GEARY BLVD.

PARKING GARAGE: GEARY BOULEVARD ELEVATION

FIGURE 14

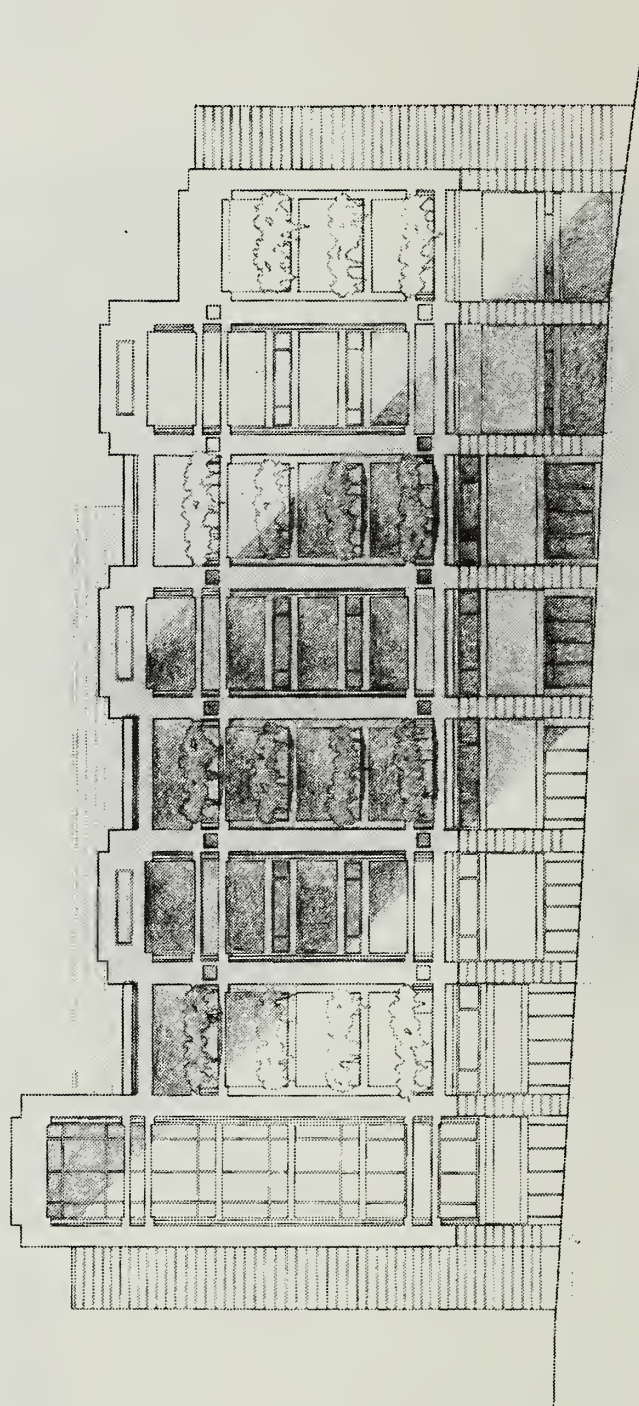
SOURCE: ROBINSON, MILLS & WILLIAMS



PARKING GARAGE: O'FARRELL STREET ELEVATION

FIGURE 15

SOURCE: ROBINSON, MILLS & WILLIAMS



FIRST LEVEL PLAN: PARKING GARAGE

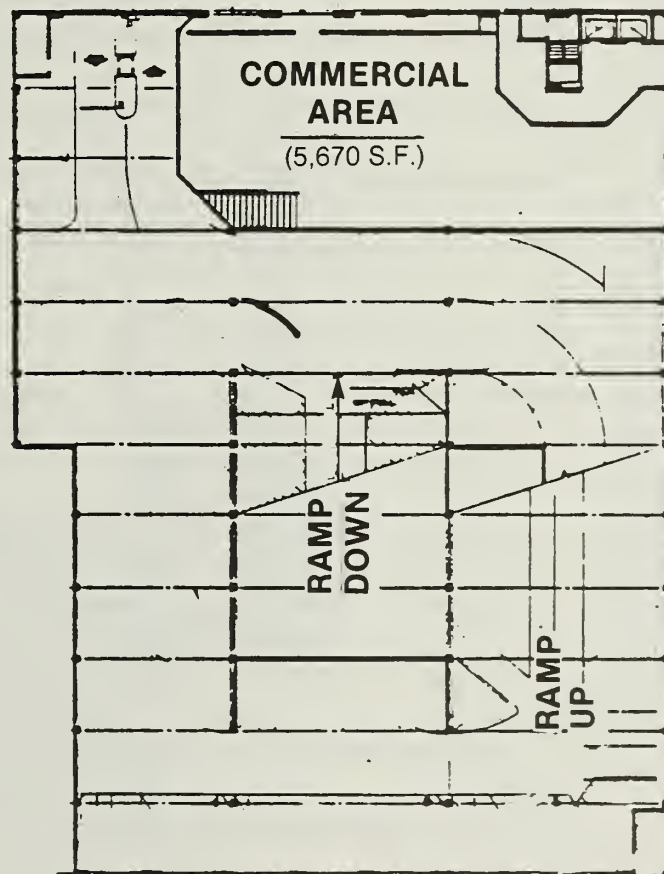
FIGURE 16

SOURCES INTERPARK/EIP ASSOCIATES

FEET 0 25 50 100



O'FARRELL STREET



EXISTING PARKING STRUCTURE

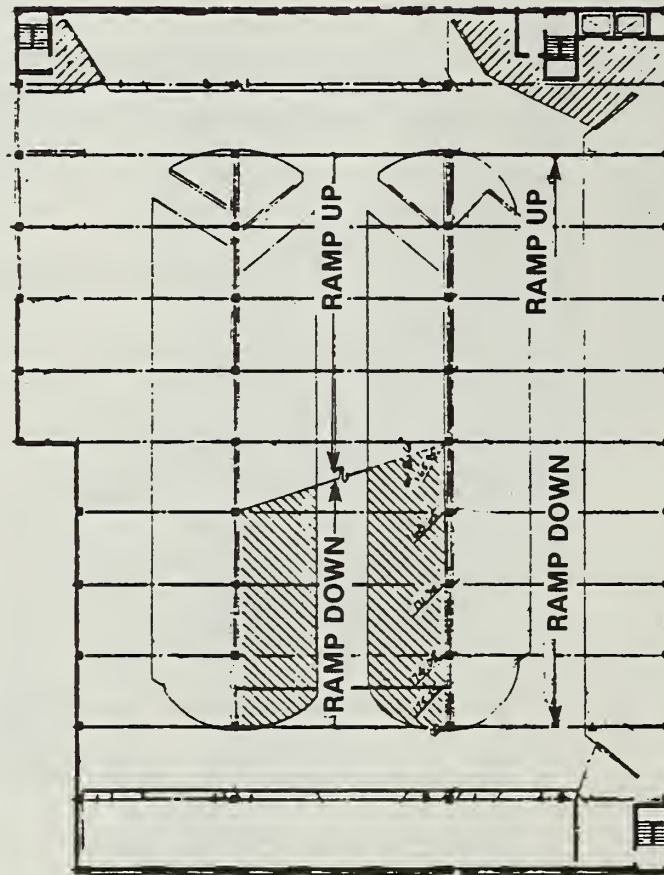
GEARY BOULEVARD

SECOND LEVEL PLAN: PARKING GARAGE

FIGURE 17

SOURCES: INTERPARK/EIP ASSOCIATES

FEET 0 25 50 100

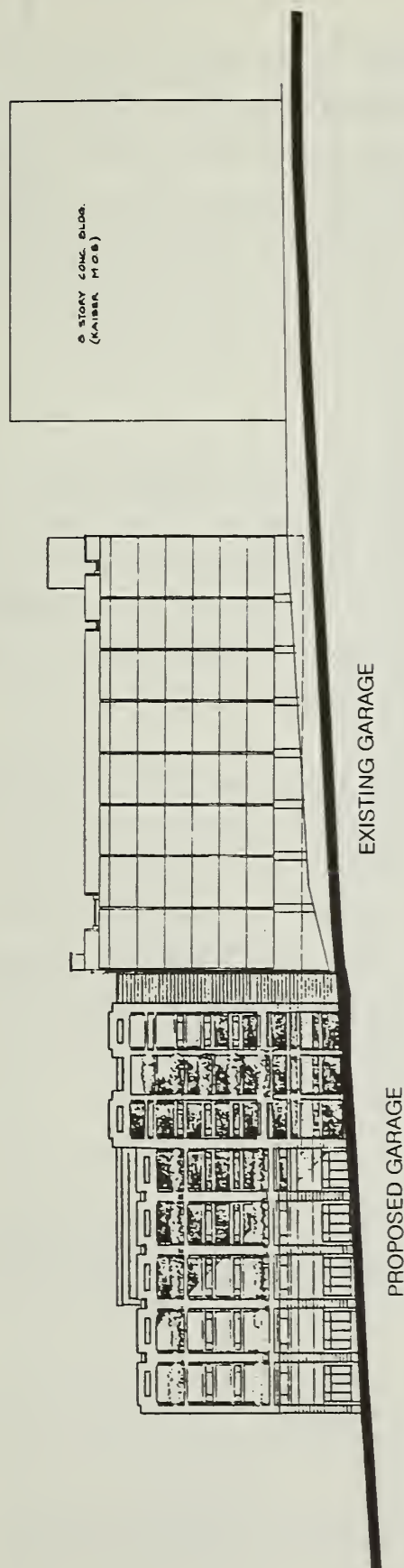


GEARY BOULEVARD

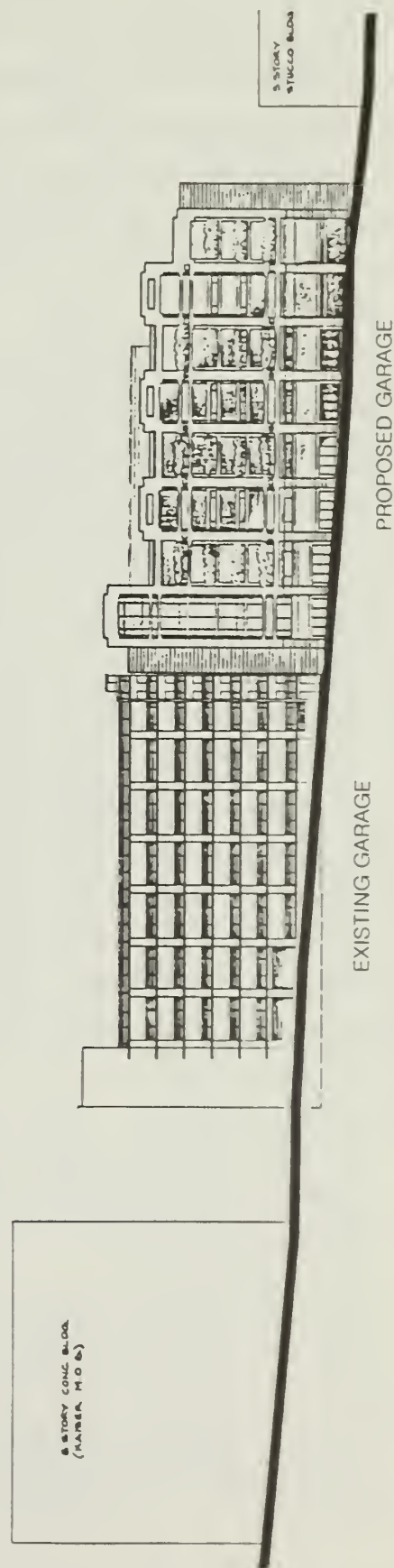
ELEVATIONS: PROPOSED AND EXISTING PARKING GARAGES

FIGURE 18

SOURCE: INTERPARK



NORTH ELEVATION (GEARY BLVD.)



SOUTH ELEVATION (O'FARRELL STREET)

The 20,000 square feet of commercial space proposed for the parking garage would be comprised of 6,100 square feet of storage space and 13,900 square feet of office space for Kaiser Medical Center administrative employees. These employees are currently occupying leased properties on the north side of Geary Boulevard. Transferring the employees to the new structure would enable Kaiser to terminate leases and consolidate operations on the main campus of the Medical Center. A loading dock adjacent to the parking structure on the east and accessible from O'Farrell Street would serve the storage area.

3. Proposed Circulation Improvements

Concurrent with the north wing addition and construction of the parking garage, a number of changes are proposed by Kaiser to improve traffic circulation in the Kaiser Medical Center area. The most significant would be changing O'Farrell Street from a one-way to a two-way street. These improvements are independent of the proposed north wing addition and parking garage. They are presented here in the interest of describing all the possible impacts of proposed changes in the Kaiser Medical Center area.

The first four items deal specifically with the conversion of O'Farrell Street to a two-way street. The location of the proposed improvements is shown in Figure 19, page 33. More detailed figures of the proposed improvements are shown in the Transportation Appendix (pages A-39 to A-44). Each of the following items, except one, requires approval by the Interdepartmental Staff Committee on Traffic and Transportation (ISCOTT Committee). In certain cases, the item also requires an official change in sidewalk width or a street vacation. Official changes in sidewalk width and street vacations are actions that require approval by the Board of Supervisors.

o O'Farrell Street

Restripe O'Farrell Street with double yellow lines for two-way travel between Masonic and St. Joseph's. (The two-way O'Farrell Street items were approved by ISCOTT, but denied by the Department of Public Works following a public hearing on February 14, 1986.)

Masonic/O'Farrell Intersection

East of Masonic, westbound O'Farrell would be restriped for one left-turn lane and one through/right lane. Eastbound O'Farrell would be one lane.

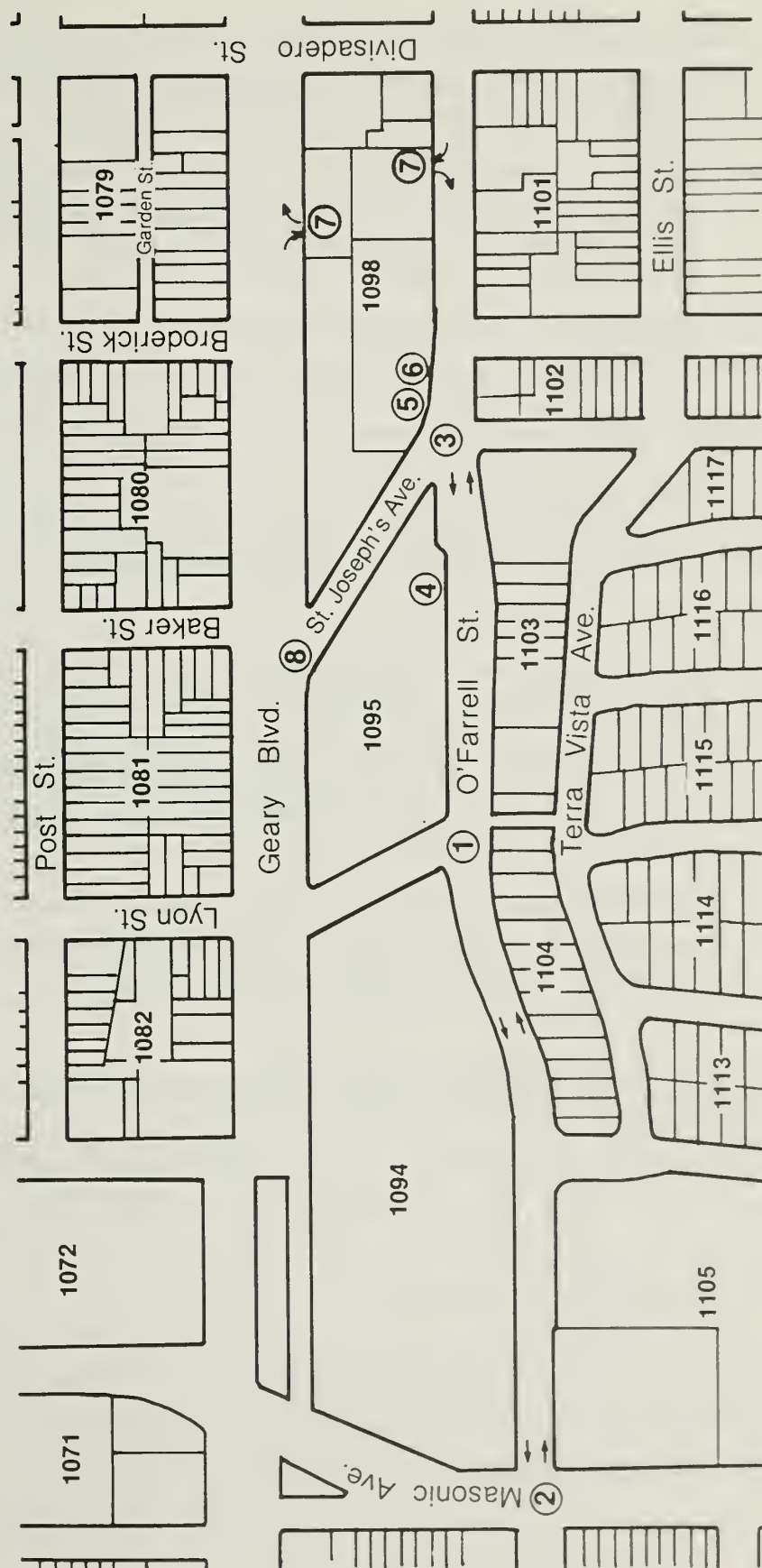
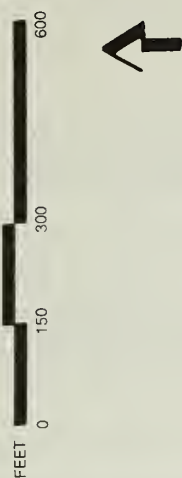
West of Masonic, eastbound O'Farrell would be restriped for one left-turn lane, one through lane, and one right-turn lane. Westbound O'Farrell would be one lane.

TRAFFIC AND TRANSPORTATION IMPROVEMENTS

FIGURE 19

SOURCE: EIP ASSOCIATES

1. Return O'Farrell Street to two-way travel between Masonic Avenue and St. Joseph's Avenue.
2. Restripe Masonic Avenue/O'Farrell Street intersection for two-way travel on O'Farrell Street.
3. Redesign traffic medians at St. Joseph's Avenue/O'Farrell Street for two-way travel.
4. Revise curb parking to short-term only.
5. Adjust curblines toward centerline to facilitate seismic repairs.
6. Mark curb as shuttle bus stop.
7. Proposed garage would have access from Geary Boulevard and from O'Farrell Street. Acceleration and deceleration lanes provided at Geary Boulevard entrance.
8. Reconstruction of curblines and traffic island.



O'Farrell/St. Joseph's Intersection

Redesign traffic medians at O'Farrell/St. Joseph's to accommodate two-way travel, including relocation of crosswalks and stop-bars.

- o Revise Curb Parking Adjacent to Ambulance Driveway

Curb parking adjacent to Kaiser Hospital, between the ambulance driveways would be revised to very short-term use (10 minute limit). (Pending approval by Department of Public Works, not an ISCOTT issue.)

- o Adjustment of O'Farrell Street Curbline

The O'Farrell Street curbline would be adjusted toward the centerline to accommodate the seismic reconstruction of the Medical Office Building. (Approved by ISCOTT, requires a street vacation, and change in sidewalk alignment.)

- o Kaiser Shuttle Bus Stop

The northern curb of O'Farrell Street opposite Broderick Street would be marked as a Kaiser Shuttle Bus Stop. (Approved by ISCOTT.)

- o Proposed Kaiser Garage

The proposed Kaiser garage would have an entrance on Geary Street and an entrance on O'Farrell Street. (Approved by ISCOTT, incorporated into project design.)

The Geary Street entrance would reduce sidewalk width by two feet and eliminate curb parking for 100 feet on each side of the entrance to provide an inbound right-turn lane and an outbound acceleration lane. (Approved by ISCOTT, requires a change in sidewalk width.)

- o Reconstruction of Traffic Island at Geary/St. Joseph's

The curbline would be extended to incorporate the existing traffic island. This would create a protected drop-off area on St. Joseph's Avenue in front of the Main Entrance for the North Wing Addition. (Pending ISCOTT approval.)

D. PROJECT SCHEDULE, COST AND APPROVAL REQUIREMENTS

The north wing is expected to be completed in 24 months; renovation of the Hospital would occur over a three-year period. The estimated construction cost of the north wing addition would be \$25,100,000 (1984 dollars). The project architects are Hospital Building and Equipment Company of St. Louis, Missouri.

The parking garage would take about 12-1/2 months to complete. Construction cost is estimated at \$6,500,000. The architects for the garage are International Parking Design, Inc. (Interpark), located in Oakland, California.

California Senate Bill 961, known as the Hospital Safety Bill, became effective January 1, 1983, and enacted and amended Chapter 1 to the Health and Safety Code. It requires that the Office of Statewide Hospital Planning and Development (OSHDP) be responsible for the enforcement of building standards relating to hospital buildings, including plan checking, issuing building permits, and inspection of design, details and construction of the architectural, structural, mechanical and electrical systems.

The North Wing Addition and Kaiser Hospital would comply with all applicable state regulations including Title 19, Title 22 and Title 24 of the California Administrative Code.

Publication of this Draft EIR (DEIR) is the first step in processing the proposed project, followed by a public review and a public hearing on the DEIR, and responses to comments collected during the DEIR review period. If the document is deemed complete, accurate and objective as specified by the California Environmental Quality Act (CEQA), the City Planning Commission will certify the EIR.

After certification of the EIR, the City Planning Commission would hear an application for Conditional Use (CU) authorizations. Under C-2 controls, the hospital construction is subject to approval by the City Planning Commission as a Conditional Use per Sections 217 and 303 of the Planning Code. The parking garage would require Conditional Use authorization pursuant to Sections 223(n) and 303 of the Planning Code (See Chapter III.A.2., Zoning, page 38). It would also require a Conditional Use authorization for parking spaces in excess of accessory parking limitations pursuant to Planning Code Section 204.5,C.

Under NC-3 Interim Controls, Conditional Use approval would be required for the hospital construction, the parking structure, construction of a use in excess of 5,000 square feet and construction on a lot in excess of 10,000 square feet, pursuant to Sections 712 and 303 of the Planning Code. (See Chapter III.A.2, Zoning, page 38.)

Criteria for deciding whether a CU would be granted include compatibility of the proposed project with the neighborhood, the proposed size, shape and arrangement of structures, adequacy of parking and loading, and determination of compliance with the City's Master Plan. Based on findings in the Final EIR and testimony at the public hearing on the CU application, the City Planning Commission would approve, approve with conditions, or deny the request for CU authorization.

III. ENVIRONMENTAL SETTING

A. LAND USE AND ZONING

1. Land Use

The Kaiser-Permanente San Francisco Medical Center is located within the City and County of San Francisco, almost at the center of the San Francisco peninsula. The Medical Center site is composed of several detached lots located on either side of Geary Boulevard between Presidio and Divisadero Streets. The Hospital and main medical buildings are located on Geary Boulevard, St. Joseph's Avenue and O'Farrell Street. Figure 1, page 10, shows the existing facilities and the proposed project's location.

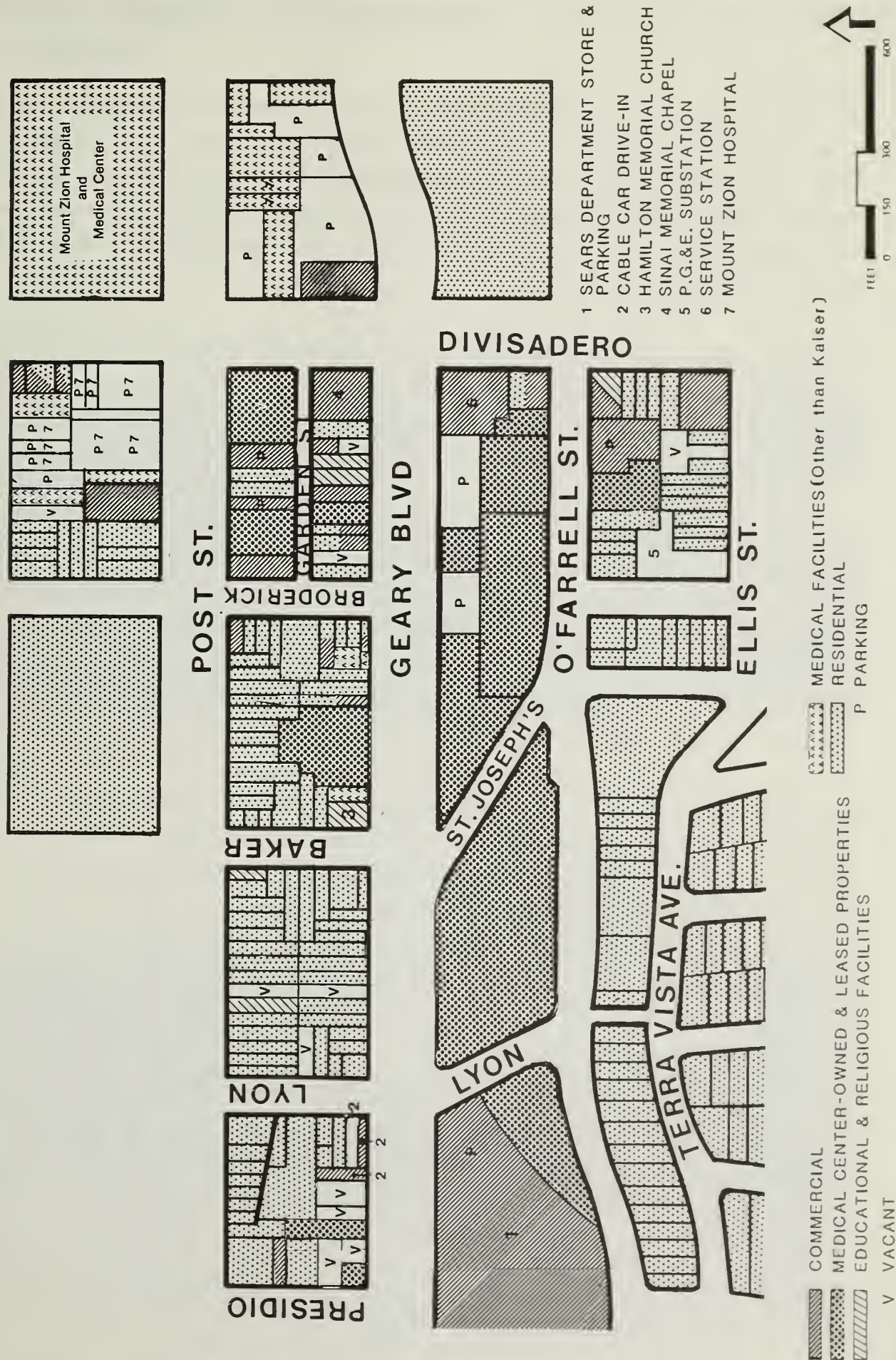
The site of the proposed North Wing Addition is presently used as a parking lot for staff. About 44 cars can be parked here. The area surrounding the parking lot is landscaped with trees and shrubs. The site area of the building addition's footprint is approximately 23,300 square feet. The total hospital site area is 102,230 square feet.

The proposed garage would replace a warehouse/storage building and a surface parking lot. E-Z Storage, a self-service storage facility leases the three-story building from Kaiser. The white, stucco and brick building, located on O'Farrell Street, contains about 25,200 square feet. It abuts the Kaiser parking lot on Geary Boulevard (former Sinai Memorial lot) that has 35 parking spaces. The Geary Boulevard side of the surface lot has a wall and gate separating the lot from the street. The total area of the proposed garage site is 39,840 square feet.

Pacific Heights and Presidio Heights are north of the Medical Center, and the Richmond District is to its west. To its south lies Anza Vista, Alamo Square Historic District and Mission District; and to its east the Western Addition and downtown San Francisco. The properties surrounding the Medical Center within a two to three-block radius are generally residential, mixed with a variety of commercial land uses (Figure 20, page 37).

EXISTING LAND USE

FIGURE 20



In the direction of the Richmond District, Geary Boulevard is an intensely commercial strip. South of the hospital, O'Farrell Street rises sharply between St. Joseph's Avenue and Lyon Street. The five- and six-story apartment buildings in this area, situated at a higher elevation than the hospital, generally have unobstructed views of the City. Most of the neighborhood's other residential buildings are two- and three-story multiple-family dwellings (see Figure 21, page 39).

Other hospitals in the immediate area include Mount Zion Hospital and Medical Center which occupies the block bounded by Divisadero, Sutter, Scott and Post Streets. Mount Zion owns or leases other scattered properties in the area. The California College of Podiatric Medicine is located on Scott Street, between Eddy and Ellis.

Figures 21 through 25, pages 39-43, are photographs of the project area. Figure 22, page 40, shows ground-level commercial establishments on Divisadero Street and a church on Geary Boulevard. Two of the larger commercial properties in the area are the large Sears-Roebuck store and its parking lots directly to the west of the hospital (Figure 23, page 41), and the Bekins storage warehouse located on Geary Boulevard near Masonic Avenue. The intersection of Masonic and Geary Boulevard is a hub of commercial activity. Several restaurants, a bar, and retail establishments serve neighborhood residents and employees. Muni's headquarters are located at 949 Presidio, two blocks west of the Medical Center and there is a major car barn on this extensive City-owned property. Raoul Wallenberg High School is two blocks southwest of Kaiser, at 40 Vega Avenue. There is a scattering of smaller commercial properties along Divisadero Street and Geary Boulevard (Figure 24, page 42). Several churches and memorial chapels along Geary, Post and Divisadero Streets serve the neighborhood and community. Base photos of the photomontages for the proposed parking garage are shown in Figure 25, page 43.

2. Zoning

The project sites for the proposed North Wing Addition and Parking Garage projects are located in a C-2 (Community Business) District and are also subject to NC-3 (Moderate-Scale Neighborhood Commercial) District Interim Controls. Pursuant to Section 306.7(b) of the City Planning Code, the proposed project must conform to both sets of planning controls and where the controls overlap it must conform to the more restrictive control.

PROJECT AREA PHOTOGRAPHS: RESIDENTIAL

FIGURE 21

SOURCE: EIP ASSOCIATES



EXISTING RESIDENCES, NORTH SIDE OF GEARY ST. OPPOSITE HOSPITAL.



EXISTING RESIDENCES, SOUTHEAST CORNER OF O'FARRELL ST. & ST. JOSEPH'S AVE.,
OPPOSITE 2200 O'FARRELL MEDICAL OFFICE BUILDING.

PROJECT AREA PHOTOGRAPHS: COMMERCIAL

FIGURE 22

SOURCE: EIP ASSOCIATES



HAMILTON MEMORIAL CHURCH, AND NAISMITH DENTAL GROUP OFFICES-NORTH SIDE OF GEARY ST. OPPOSITE 350 ST. JOSEPH'S MEDICAL OFFICE BUILDING.



COMMERCIAL ESTABLISHMENTS IN LOWER FLOOR OF RESIDENTIAL STRUCTURE, NORTHWEST CORNER OF DIVISADERO AND O'FARRELL STREETS.

PROJECT AREA PHOTOGRAPHS: COMMERCIAL

FIGURE 23

SOURCE: EIP ASSOCIATES



SEARS ROEBUCK DEPARTMENT STORE, CORNER OF MASONIC STREET
AND GEARY BOULEVARD.



NEIGHBORHOOD RESTAURANT, NORTH SIDE OF GEARY BOULEVARD
OPPOSITE HOSPITAL BUILDING.

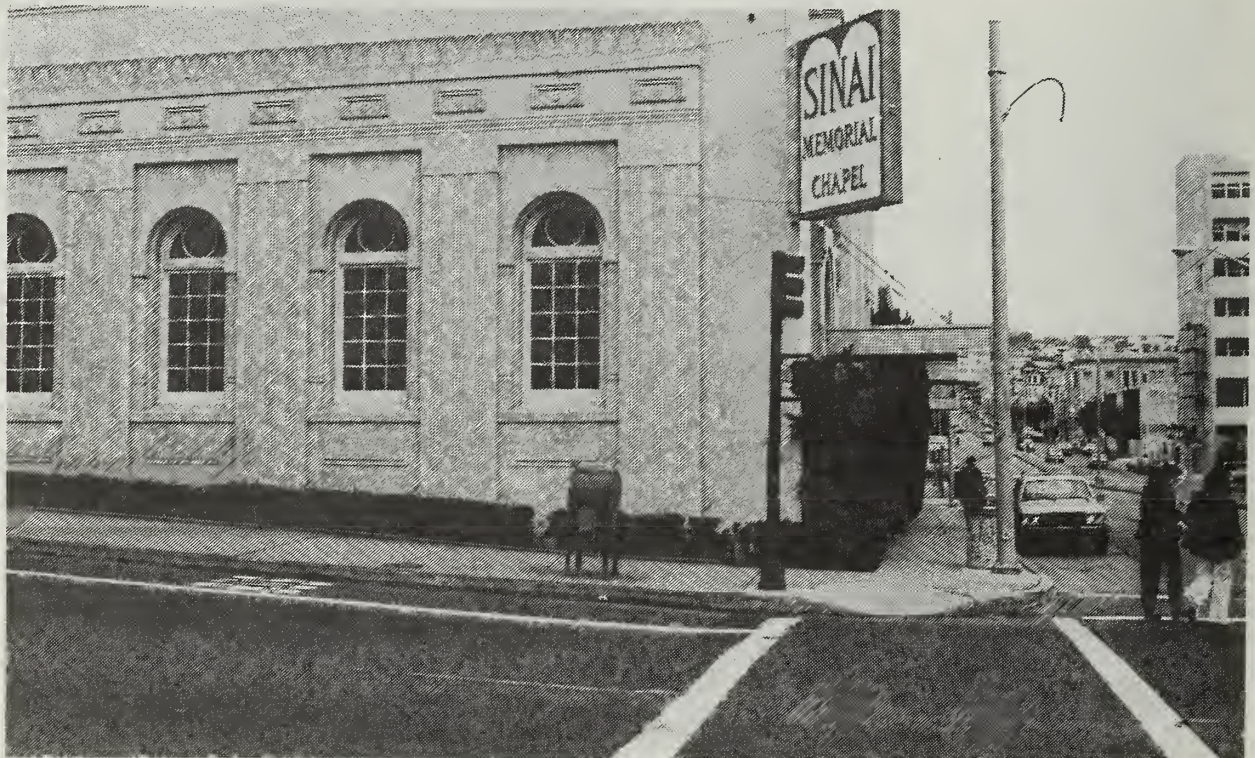
PROJECT AREA PHOTOGRAPHS: COMMERCIAL

FIGURE 24

SOURCE: EIP ASSOCIATES



SERVICE STATION AND EZ STORAGE, SOUTHWEST CORNER OF GEARY BOULEVARD
AND DIVISADERO STREET.



MT. SINAI MEMORIAL CHAPEL, NORTHWEST CORNER OF GEARY BOULEVARD
AND DIVISADERO STREET.



NORTHWEST CORNER OF O'FARRELL AND DIVISADERO STREETS (BASE PHOTO)



EXISTING PARKING GARAGE ON O'FARRELL STREET, ADJACENT TO BRODERICK STREET (BASE PHOTO)

a. C-2 Existing Zoning

The predominant permitted uses in the C-2 District are retail sales, personal services, offices and residences. In the project vicinity, the C-2 District forms a corridor between Geary Boulevard and O'Farrell Street, stretching from Masonic to Divisadero Street, and including properties fronting on Divisadero, north and south of Geary. Properties to the north of Geary Boulevard and to the south of O'Farrell Street in the project vicinity are zoned for residential use at varying densities (see Figure 26, page 45). The maximum permitted floor area ratio (FAR) allowed in the C-2 zoning district is 3.6:1. Section 125 of the Planning Code allows FAR to be increased for structures on corner or through lots. In C-2 Districts construction of hospitals and parking garages are allowed as conditional uses, subject to approval by the City Planning Commission under Section 303 of the Planning Code. (See Planning Code Sections 217 and 223(n).)

The site is in the 105-E Height and Bulk District which allows a maximum building height of 105 feet and maximum length and diagonal dimensions of 110 feet and 140 feet, respectively, above 65 feet. (Figure 27, page 46, shows height and bulk districts in the project area.)

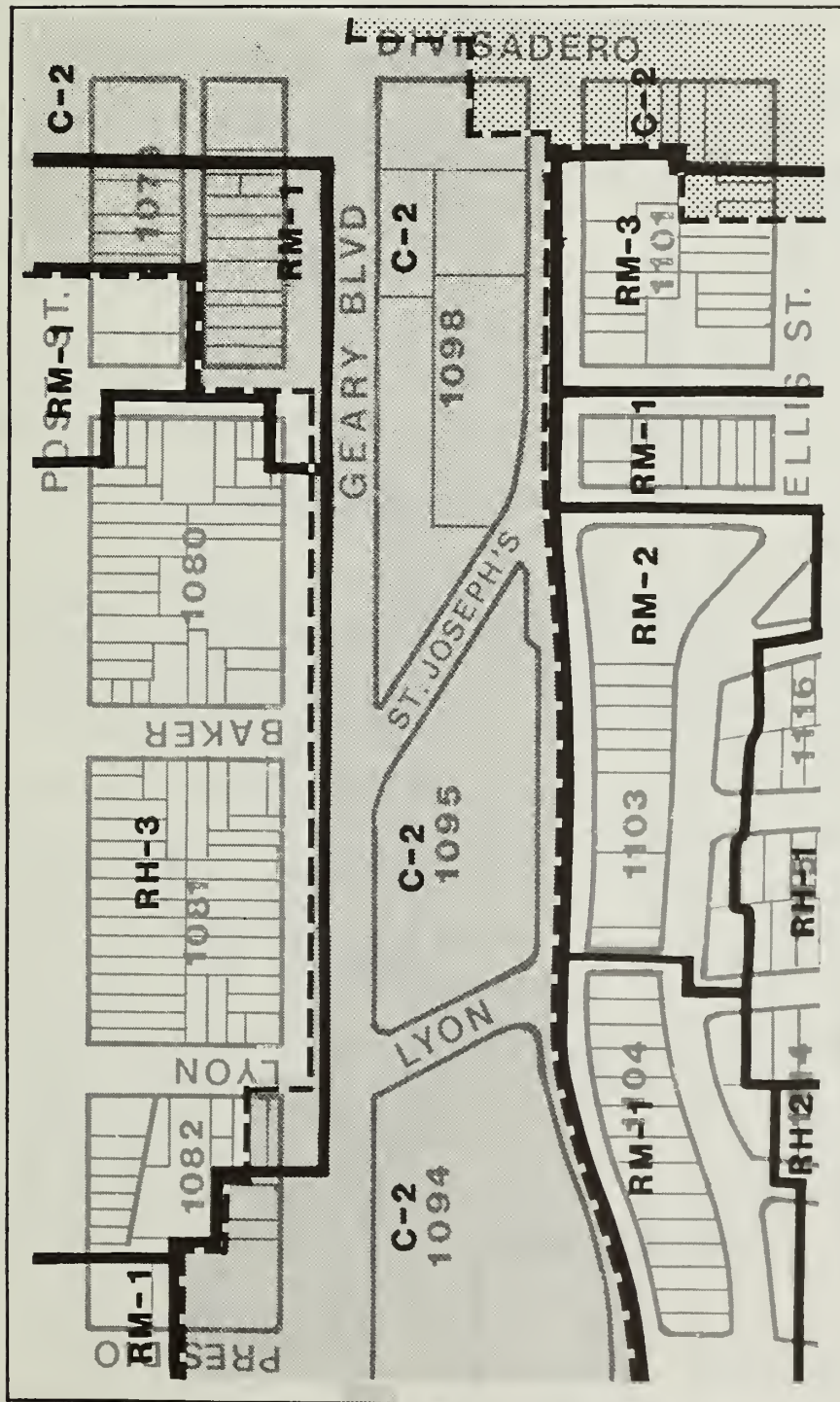
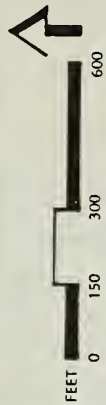
Section 151 of the City Planning Code establishes basic parking requirements for C-2 development. The parking requirement for hospitals is one space for each eight beds, excluding bassinets, or one space for each 2,400 gsf of floor area devoted to sleeping rooms, whichever is greater. The requirement for office space exceeding 5,000 square feet of occupied floor area is one space for each 500 square feet of occupied floor area. The requirement for medical office area is one space per 300 square feet of occupied floor area. The requirement for storage space is one parking space for each 2,000 square feet of occupied floor area. Pursuant to Planning Code Section 204.5, up to 150% of the required number of parking spaces may be allowed as an accessory use. Pursuant to Code Section 157, parking space in excess of accessory amounts would require Conditional Use authorization. Alternatively, pursuant to Section 150(e), the City Planning Commission could require such additional parking space as it believes is necessary.

Section 152 of the Code establishes requirements for freight loading spaces. For hospital and office uses no loading spaces are required unless the use exceeds 100,000 square feet of gross floor area with one space required for 100,000 to 200,000 square feet of gross

PLANNING CODE USE DISTRICTS (UNDERLYING BASE AND INTERIM CONTROLS)

FIGURE 26

SOURCE: SAN FRANCISCO PLANNING CODE

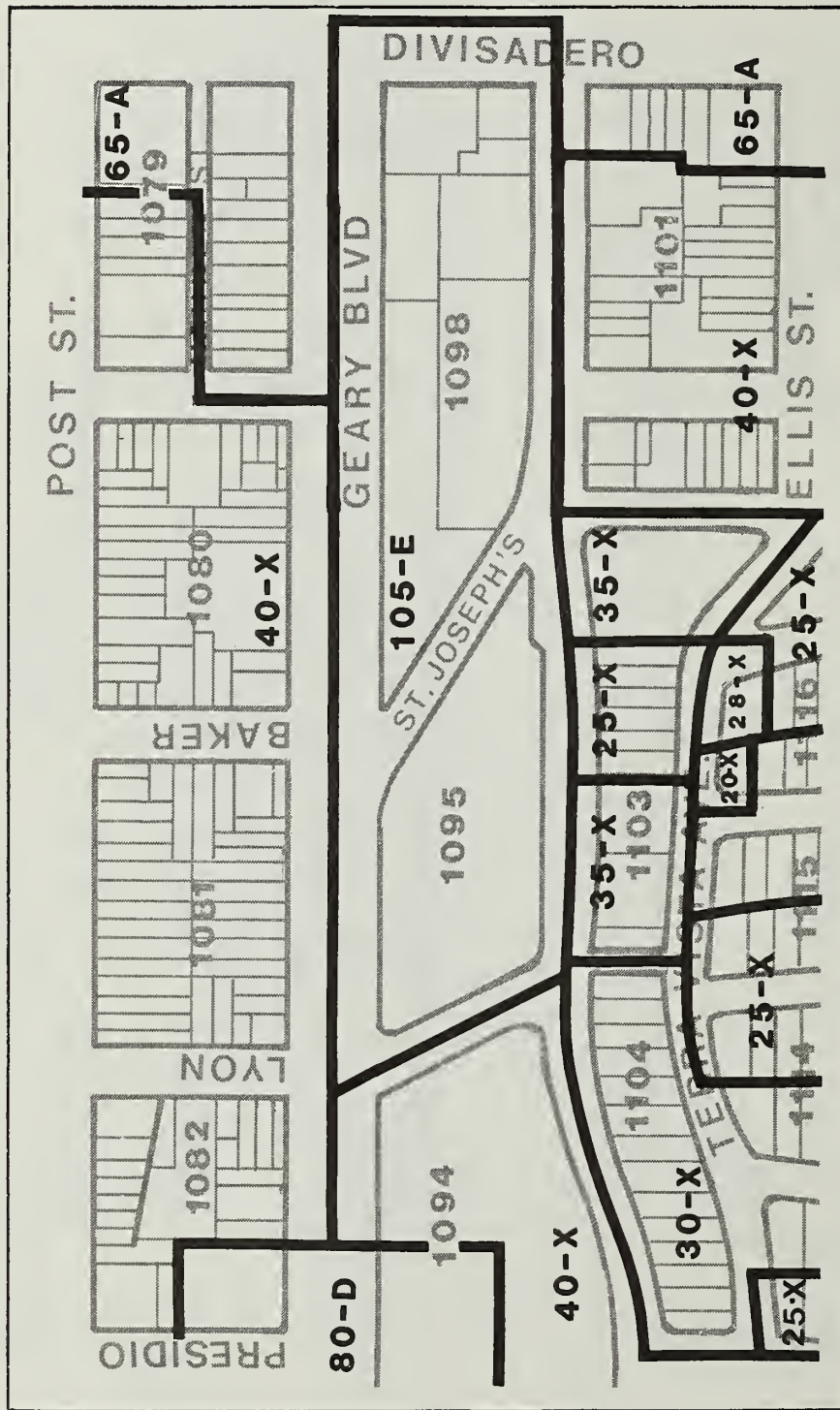


Base Controls		Interim Controls	
RM-1	Residential, Mixed, Low Density		District Boundary
RM-2	Residential, Mixed, Moderate Density		NC-3 District
RM-3	Residential, Mixed, Medium Density		NC-2 District
RH-1	Residential, House, One Family		
RH-2	Residential, House, Two-Family		
RH-3	Residential, House, Three-Family		
C-2	Community Business		
1095	Block Numbers		

PLANNING CODE HEIGHT AND BULK DISTRICTS

FIGURE 27

SOURCE: SAN FRANCISCO PLANNING CODE



40-X LETTER SYMBOLS REFER TO BULK LIMITS IN CITY PLANNING CODE SEC. 270.

NUMBERS ARE HEIGHT LIMITS IN FEET

1094 BLOCK NUMBERS

floor area, two spaces required for 200,000 to 500,000 square feet of gross floor area, and one for each 400,000 square feet of gross floor area exceeding 500,000 square feet. The first freight loading space must have a minimum length of 24 feet and a minimum vertical clearance of 12 feet; others must have a minimum length of 35 feet and a minimum vertical dimension of 14 feet.

Section 227(h) of the Code establishes requirements for commercial electronic transmitting facilities; including relay towers, antennae, and related equipment. No portion of the transmitting facility may exceed a height of 25 feet above the roof line of the building on the premises and if the facility is closer than 1,000 feet to any residential district, it may not include a parabolic antenna with a diameter in excess of three meters. Facilities in excess of these requirements require a conditional use.

b. NC-3 Interim Controls

Interim controls to implement the proposed Neighborhood Commercial Rezoning were adopted by the City in 1985 (City Planning Code, Article 7). Where they are more stringent, they take precedence over the existing C-2 controls.

The proposed Neighborhood Commercial Rezoning describes the NC-3 District as follows:

"NC-3 Districts are intended in most cases to offer a wide variety of comparison and specialty goods and services to a population greater than the immediate neighborhood, additionally providing convenience goods and services to the surrounding neighborhoods . . . NC-3 building standards encourage moderately large commercial uses and buildings. . . . A diversified commercial environment is encouraged for the NC-3 District, and a wide variety of uses are permitted."

Under NC-3 zoning, the maximum permitted FAR would be 3.6:1. The FAR premiums which are allowed in C-2 districts pursuant to Code Section 125 are not allowed in an NC-3 district. As in the C-2 District, the NC-3 zoning would allow hospitals and parking garages only as conditional uses, subject to approval by the City Planning Commission under Section 303 of the City Planning Code. In addition, the NC-3 zoning requires Conditional Use authorization for all projects of more than 5,000 gross square feet and all projects on sites greater than 10,000 square feet. (See Planning Code Sections 121.5, 121.7, 712 and 303.)

The NC-3 Interim Controls do not alter the C-2 standards with regard to Height and Bulk, Off-street Parking, off-street Freight Loading, or microwave dishes.

B. URBAN DESIGN AND VISUAL QUALITY

The Kaiser Foundation Hospital is a visually predominant structure along the Geary Boulevard corridor in the west portion of the Western Addition. The 80-foot-high structure occupies the hillside block between St. Joseph's Avenue and Lyon Street and is oriented at an oblique angle toward the intersection of Geary Boulevard and St. Joseph's Avenue. Other major structures in the area include the Sears Department Store on the adjacent block west of the hospital, and the 86-foot-high Kaiser medical office building and 60-foot-high Kaiser parking garage on O'Farrell Street between St. Joseph's Avenue and Divisadero Street. Remaining buildings within about a two-block radius of the project site abut each other, range up to about 40 feet in height and include two- to four-story apartment buildings, row houses and buildings devoted to commercial land uses. Other institutional uses in the immediate area include Mount Zion Hospital and Medical Center, about two blocks northeast of Kaiser and the California College of Podiatric Medicine, three blocks southeast of the project. Architectural styles vary from Victorian design, characterized by surface ornamentation and bay windows, to relatively plain, unornamented, rectangular and square buildings. Multistoried residential structures are typically constructed in a series of levels set back at the upper floors, stepping down hillside slopes.

The existing hospital building is also constructed in a series of levels with the main part of the structure occupying the center of the project block. Views from interior spaces of the hospital, depending on height, are generally to the east and northeast toward Presidio Heights, Pacific Heights, Alta Plaza, downtown San Francisco, Nob Hill and Russian Hill. Views from adjacent residential structures uphill and south of the hospital are primarily to the north toward Pacific Heights and adjacent hillside areas (see Figures 31-33, pages 69-73).

The site of the proposed north wing addition is currently occupied by a staff parking lot and a sloping landscaped strip running along St. Joseph's Street. The parking lot holds 44 cars. Approximately 20 medium-sized trees and shrubs are planted on the strip.

The site of the proposed garage contains the E-Z Storage building on O'Farrell Street and a Kaiser (formerly Sinai Memorial Chapel) surface parking lot on Geary Boulevard. E-Z Storage is a three-story white brick and stucco building. Residences at 2171-85 O'Farrell Street and the north side of 1250 Broderick Street look directly at the existing garage. Two parking lots are directly opposite the proposed parking garage site on O'Farrell Street. From these points views are limited by existing structures. The Kaiser (Sinai Memorial) parking lot, with access from Geary Boulevard, contains 35 spaces. From that lot facing south and moving clockwise, the view is of the back of E-Z Storage, the existing parking garage, medical office buildings, buildings across Geary Boulevard, the intersection with Divisadero and the Texaco gas station. Twelve junipers are planted along the site's Geary Boulevard frontage.

C. TRANSPORTATION, CIRCULATION AND PARKING

STREET NETWORK

As shown in Figure 28, page 51, the Medical Center is served by a grid street network. Primary access is available via Geary Boulevard, an important east-west street through the city. Pine-Bush and Turk-Golden Gate provide major east-west travel corridors north and south of the site, respectively. Major north-south streets include Masonic Avenue west of the site and Divisadero Street to the east. All of the foregoing streets are designated "major thoroughfares" in the Transportation Element of the City's Master Plan.¹

Access to the Kaiser facility from the east or west is via Geary Boulevard or O'Farrell Street. Geary Boulevard is a six-lane expressway (three lanes each direction divided by a raised median) and O'Farrell Street is a one-way street eastbound from Masonic to St. Joseph's (two lanes) and a two-way street between St. Joseph's and Divisadero (one-lane each direction).

St. Joseph's is a two-way, two lane street running between Geary and O'Farrell fronting Kaiser Hospital and the proposed north wing addition. Access from the north or south is via Masonic or Divisadero. Masonic is a six-lane roadway (three lanes each direction) and Divisadero is a four-lane street (two lanes each way). The intersections of Geary with Masonic, Lyon, St. Joseph's, and Divisadero are controlled by signal lights. The intersections of O'Farrell with Masonic and Divisadero are signalized and the intersections of O'Farrell with Broderick, St. Joseph's, Lyon, and Anza Vista are unsignalized. The existing Kaiser parking garage is located mid-block on O'Farrell Street between St. Joseph's and Divisadero. The garage entrance and exit are on O'Farrell Street.

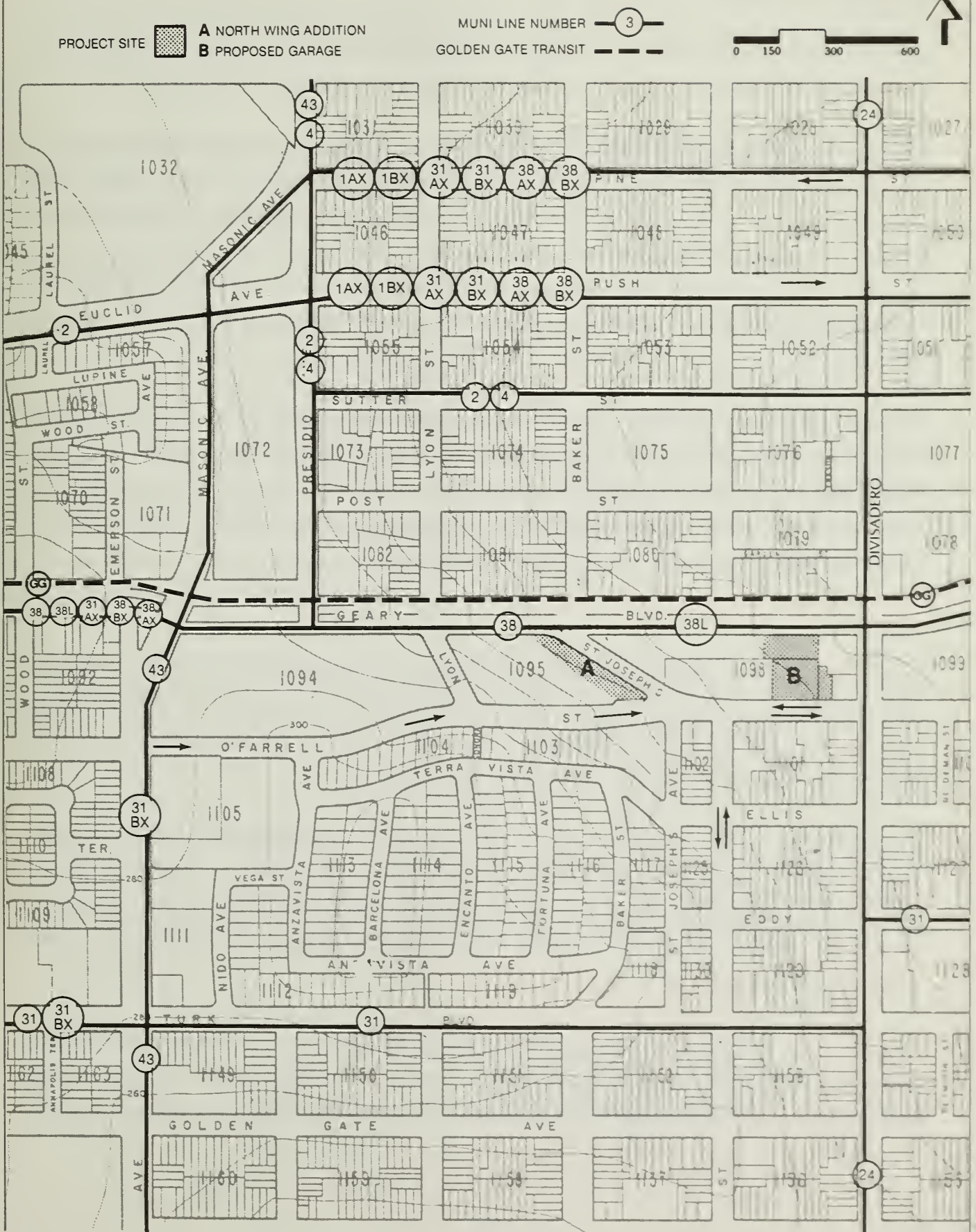
Peak-hour vehicle traffic in the area follows the citywide pattern of a.m. peak-hour (7:30 - 8:30) flows toward the downtown (eastbound) and p.m. peak-hour (4:30-5:30 p.m.) flows away from downtown (westbound).

Regional access to the Peninsula and East Bay is available via Highway 101 (the Central Freeway), approximately one mile east of the Medical Center. Travel to and from the North Bay uses various surface streets to access either Highway 1 (Park Presidio Boulevard) or Highway 101 (Doyle Drive) corridors to the Golden Gate Bridge.

STREET NETWORK/ EXISTING MUNI TRANSIT

FIGURE 28

SOURCE 1986 SAN FRANCISCO
STREET AND TRANSIT MAP



TRANSIT

Geary Boulevard and Divisadero Street are designated Transit Preferential Streets, and the corners of Geary/Divisadero and Geary/Presidio are designated Transit Centers.¹

The San Francisco Medical Center is within a two- to three-block walking distance (about 1/4 mile) of 13 Muni lines: the 2, 4, 24, 31, 1AX, 1BX, 31AX, 31BX, 38, 38L, 38AX, 38BX and 43 (Figure 28, page 51). During the midafternoon period (2:30-3:30 p.m.), the Medical Center experiences the day/evening shift change for nursing staff and other patient care employees. The morning shift change occurs at 7:00 a.m. and the night shift changes at 11:00 p.m.² During these two shift changes, the express Muni lines, AX and BX lines, do not operate.

Golden Gate Transit provides service (line 50/60) from Marin County to the Civic Center and Transbay Terminal with stops at Geary/St. Joseph's. This service operates every hour from 5:00 a.m. to 12:00 midnight (every half-hour during the inbound morning commute). There is no direct access to any of the other regional transit carriers. Access to these systems requires a transfer from the Muni service.

DAILY ACTIVITY

On an average day, the Medical Center attracts about 3,220 outpatients, 75 inpatients, 190 visitors and 125 other persons. Visitor/outpatient travel peaks in the hour following 10 a.m. and again in the hour following 3 p.m. Up to 28% of the total daily visitors are present during each peak (about 1,010 visitor/outpatients).³

The Medical Center employs a total of 2,200 people. Combining all shifts, about 1,834 people will work at the Medical Center on any one day. An average of 1,190 employees will be present during either the morning or the afternoon shift. The number of employees peaks at 3 p.m. during the hospital shift change when an estimated 1,320 employees are present.⁴

Travel to and from the Medical Center is predominantly by auto, either as a driver or passenger. Previous surveys indicate that the low transit usage is due to the inconvenience of transit relative to travel time, pedestrian access from bus stops and

difficult connections between transit carriers. Of all outpatient/visitor travel to the Medical Center, 67% is made by auto and about 76% of Kaiser employees travel to work by auto.⁵

Most outpatient and visitor trips to the Medical Center originate in San Francisco. There are however, a relatively large number (38%) of employees from the Peninsula, East Bay and Marin-Sonoma areas.

TRAFFIC CONDITIONS

To establish existing traffic flow conditions, p.m. peak-hour turning movement counts were conducted at the intersections of Geary/St. Joseph's and Geary/Divisadero.⁶ These intersections are currently operating at service levels B and C-D, respectively (see page A-33, Appendix B, for definitions of Service Levels). The Geary/St. Joseph's intersection operates with very stable traffic flow, while the Geary/Divisadero intersection experiences some minor peak-hour congestion on the Divisadero Street approaches. Traffic counts were also conducted at O'Farrell/Masonic, O'Farrell/Anza Vista, O'Farrell/Lyon, O'Farrell/St. Joseph's, and O'Farrell/Divisadero. All these intersections are operating at Level of Service A.⁷

Traffic congestion in and around the Medical Center is primarily related to limited parking and restricted access to the parking garage. Because off-street parking does not meet the Medical Center's needs (discussed below in the parking section), motorists are forced to circulate in the area seeking curb parking. This circulation adds to the overall traffic flow on streets surrounding the Medical Center. A second effect of the limited parking is the tendency for motorists to double park, particularly along St. Joseph's and O'Farrell Streets. The garage entrance on O'Farrell Street is also a location of traffic congestion. Because the entrance can only accommodate one vehicle at a time (between the street and ticket dispenser), vehicles tend to back up during periods of heavy flow into the garage.

PARKING

The Medical Center's off-street parking totals 850 spaces in nine separate facilities. These facilities are depicted in Figure 29, page 54 and described in Table 1, page 55. As

KAISER-PERMANENTE SAN FRANCISCO MEDICAL CENTER EXISTING PARKING SPACES

FIGURE 29

SOURCE: KAISER-PERMANENTE-SAN FRANCISCO MEDICAL CENTER
TRANSPORTATION SYSTEMS MANAGER NOVEMBER, 1982

- 444 SPACE GARAGE **1**
- 44 SPACE LOT **2**
- 33 SPACE LOT **3**
- 20 SPACE LOT **4**
- 14 SPACE LOT **5**
- 20 SPACE LOT **6**
- 32 SPACE LOT **7**
- 123 SPACE LOT **8**
- 35 SPACE LOT **9**
- 85 SPACE LOT
(JAPANTOWN NOT SHOWN)

BLOCK NUMBERS **1094**

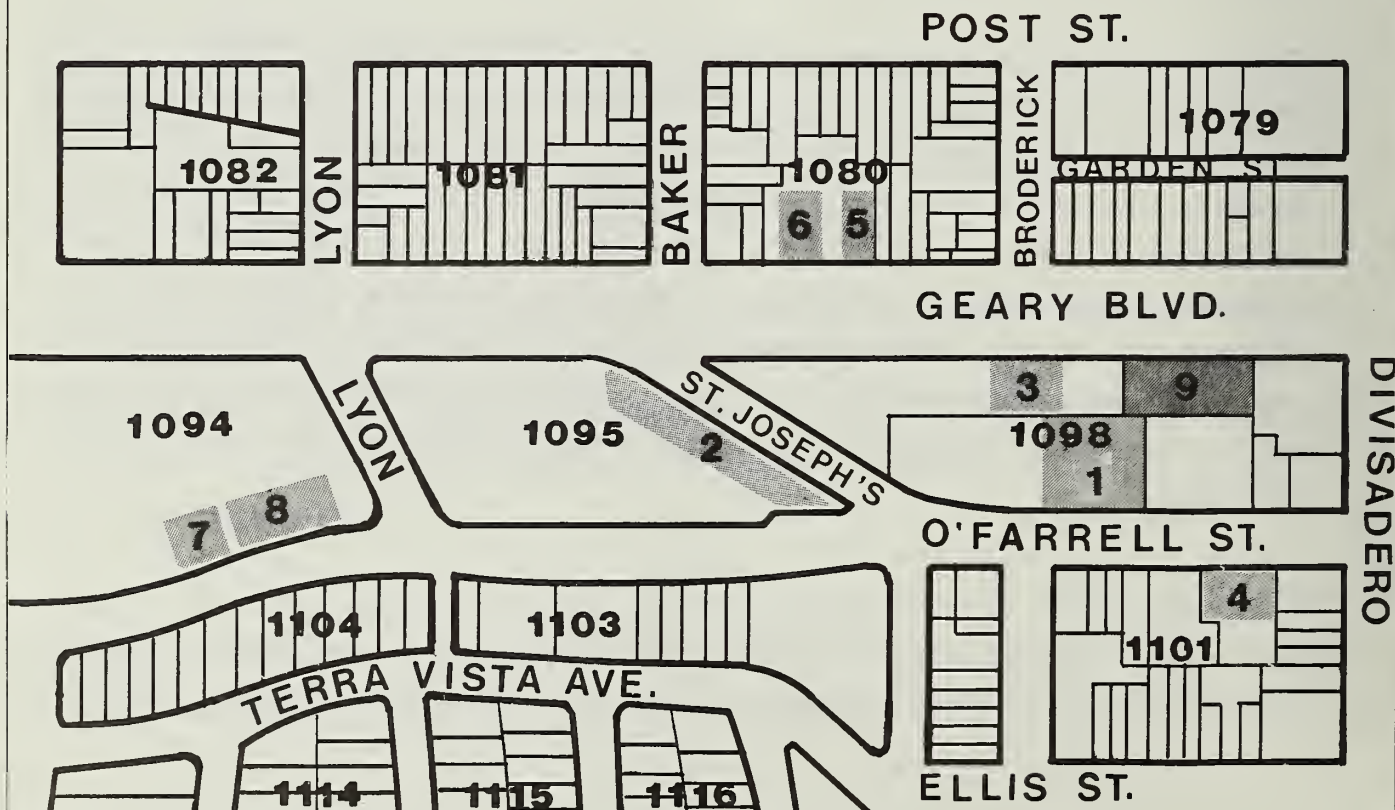


TABLE 1
KAISER-PERMANENTE
SAN FRANCISCO MEDICAL CENTER
OFF-STREET PARKING FACILITIES

Facility	Number of Spaces	Comments
1. 13-level parking structure	444 spaces - 19 reserved for handicapped 86 reserved for physicians 339 available for employees and patients	Employees are encouraged to use floors 7-13; \$32 monthly rate for employees. Free parking for carpools and vanpools.
2. Surface lot	44 spaces ¹ - 2 reserved for handicapped 42 available for physicians	
3. Surface lot	33 spaces - 10 reserved for Home Care 1 reserved for Van Pool 22 available for employees	Vanpool parking available on demand.
4. Surface lot	20 spaces - 20 available for employees	
5. Surface lot	14 spaces - 14 reserved for physicians	
6. Surface lot	20 spaces - 10 reserved for dental building 10 reserved for Medical Center patients	
7. Sears lot	32 spaces ² - 32 available for employees and physicians	Medical Center leases lots from Sears.
8. Sears lot	123 spaces ² - 123 available for employees and physicians	
9. Former Sinai Memorial lot	35 spaces ³ -	
10. Japan Town	85 spaces ² - 85 available for employees	Medical Center leases spaces from Japan Town.
TOTAL SPACES = 850 SPACES		

Source: Leo Walton, Transportation Systems Manager, Kaiser-Permanente Medical Center, June 1984.

¹24 of 44 spaces in the surface lot will be lost due to North Wing addition.

²These leased spaces will not be available when master plan is fully implemented (240 spaces).

³These 35 spaces will be removed due to construction of parking garage.

noted in Table 1, 240 existing parking spaces will eventually become unavailable to Kaiser when leases on those lots expire.

The existing off-street parking facilities are heavily utilized during a typical weekday. The peak period of parking occupancy occurs during the midafternoon. At this time, the Medical Center lots are virtually filled. An EIP Associates survey found a parking occupancy rate of 99% in Kaiser's existing garage on a weekday afternoon.⁸

The on-street parking in the Medical Center area is also heavily used. Curbside parking is time-limited along Geary and O'Farrell west of Broderick and Divisadero. On other streets in the project area (bordered by Ellis/Terra Vista, Masonic, Post and Divisadero), there are no time limits. Many employees park along these curb areas without time limits, avoiding the \$32/month employee parking rate in the garage. The time-limited curb parking tends to be used by outpatients and visitors.

Residential permit parking is in effect in the neighborhood south and east of the Medical Center. Permit parking restricts parking by non-residents in the designated area to short-term parking only. This measure reduces the number of on-street parking spaces available to Kaiser employees and visitors in the area. The permit parking zone extends roughly from O'Farrell Street between St. Joseph's and Pierce south to Turk Street and from Turk to Golden Gate between Masonic and Broderick. The measure became effective in April, 1986.⁹ Initiation of neighborhood permit parking has reduced intrusion by visitors and employees into the neighborhood, but has increased demand on the existing Kaiser garage.

An on-street parking update conducted by EIP found that, within a 1,200 foot radius of the Kaiser Medical Center, south of Geary Boulevard, there are approximately 905 parking spaces with an average parking occupancy rate of 75%. Of these spaces, about 395 are in the neighborhood permit parking area with a 70% occupancy rate and the remainder, about 510 spaces, have an occupancy rate of 79%. (This includes a substantial number of spaces that have one- and two-hour time limits).¹⁰ Chambers and Associates reported that the spaces adjacent to medical center property were well utilized, and 89% occupied in the peak-afternoon period. On-street parking that is 90% occupied is generally considered saturated.

PEDESTRIAN

Pedestrian travel is generally well defined with sidewalks and crosswalks linking parking facilities and Muni bus stops with the various Medical Center buildings. Adjacent to the project, sidewalks widths are 10 feet on St. Joseph's Avenue, 12 feet on Geary Boulevard and 10 feet on O'Farrell Street. Pedestrian conditions are open in the crosswalks across St. Joseph's at Geary and at O'Farrell.¹¹ (See Appendix B, page A-34 for definition of pedestrian flow regimes.)

With the hospital and main Medical Office Buildings separated by St. Joseph's Avenue, the movement of certain patients must rely upon a shuttle service by ambulance.¹² This particular access is inconvenient and disruptive to the patient care process. Due to the intersection angle of Geary/St. Joseph's, eastbound vehicles on Geary tend to turn onto St. Joseph's at high speeds. Pedestrian crossings of St. Joseph's (representing pedestrian flow between the hospital and both the main Medical Office Buildings and the parking garage) tend to conflict with traffic flow.

TSM

As part of the adopted Transportation Systems Management (TSM) Plan, the Medical Center currently promotes a ridesharing program, providing the names of potential ride-share persons to RIDES (the Bay Area commuter matching service). The auto occupancy rate for employee commuting is estimated at 1.15 persons per car. The Medical Center now has about 150 day shift employees in carpools and seven to eight persons in each of two vanpools. As an incentive for ridesharing, carpools and vanpools park for free in the Medical Center garage.¹³

Kaiser maintains a TSM information office at the Medical Center and sells Muni, AC Transit, Samtrans, and Golden Gate Bus fastpasses on-site. Muni fastpasses are sold at a discount to employees. A free shuttle bus service operates between the Medical Center and the East Bay Terminal, Civic Center BART, Japantown and Mt. Zion Hospital. The shuttle operates every 20 minutes between 6:30 - 9:30 a.m. and 2:45 - 6:00 p.m. To cooperate with Mt. Zion Hospital, Mt. Zion employees are encouraged to ride the shuttle.

Beginning July 1, Kaiser employees will be able to ride Mt. Zion Hospital's commute bus to Marin County.

The Mt. Zion shuttle service runs between the hospital and Sausalito. It runs three times in the morning and costs riders \$40 per month, which is less than Golden Gate Transit.¹⁴

Golden Gate Transit Route 50 also runs from Sausalito to Geary and Divisadero. Route 50 offers basic service and runs every 30 to 60 minutes. Travel time from Sausalito to the hospital area is about 20 minutes. Passenger loads are low because route changes were instituted at the beginning of July and ridership is not yet established.¹⁵

Mt. Zion employees are currently being integrated into Kaiser's carpool system. Kaiser also provides free transportation to Kaiser Health Plan members and their families who live or stay within a 12 block radius of the Medical Center. A proposal for shuttle bus service to Daly City is being considered.¹⁶ Proposed commuter/shuttle buses would be reviewed with DCP and MUNI prior to implementation, as part of overall TSM program monitoring.

¹San Francisco Department of City Planning, Transportation, An Element of the Master Plan. Amended by Resolution 9434 on June 24, 1982, Reprinted January 1983.

²Leo Walton, Transportation Systems Manager, Kaiser-Permanente San Francisco Medical Center, telephone conversation, December 14, 1984.

³Chambers and Associates, Patient/Visitor Transportation and Parking Demand Survey and Analysis, August 1985, pages 4 and 14.

⁴A Parking Demand and Supply Analysis for San Francisco Medical Center for Kaiser Foundation Health Plan Inc. by International Parking Design, Inc., April 26, 1985, p. 20.

⁵Cliff Chambers, Chambers and Associates, Transportation Systems Management Survey Findings for Kaiser-Permanente Medical Center San Francisco, February 10, 1984.

⁶Traffic counts by EIP Associates, March 2 and March 17, 1983.

⁷Traffic counts by EIP Associates, December 1, 1984 to May 1, 1985. O'Farrell/Divisadero counted September 25, 1985.

⁸EIP Associates Parking Survey, conducted at 3:00 p.m. June 12, 1986.

⁹Stanley Chin, Department of Public Works, telephone conversation, January 21, 1986.

¹⁰EIP on-street parking counts conducted June, 1986.

¹¹Pedestrian counts conducted by EIP Associates, June 4, 1986.

¹²Dan Danzig, Senior Public Affairs Representative, Northern California Region of Kaiser Permanente, March 23, 1983.

¹³Institutional Master Plan for the Kaiser-Permanente San Francisco Medical Center, July 1983.

¹⁴Doug Manley, Director of Support Services, Mount Zion Hospital, telephone conversations January 9 and February 14, 1986.

¹⁵Allan Zahradnik, Senior Planner, Golden Gate Transit, telephone conversation, July 23, 1986.

¹⁶Barbara Jarvis, Kaiser TSM coordinator, telephone conversation, June 6, 1986.

IV. ENVIRONMENTAL IMPACTS

A. ISSUES NOT ADDRESSED

The North Wing Addition and Parking Garage was examined in an Initial Study to identify its potential effects on the environment. Some impacts of the proposed projects were determined to be potentially significant and will be analyzed below. Certain potential environmental issues were determined to be either insignificant or their potential impacts would be mitigated through measures incorporated into the project design. These will not be addressed in the EIR: light and glare; population, employment and housing; noise; air quality; impacts from odors/burning of materials; utilities and public services; geology/topography; water; hazards; cultural resources; and biology. Land use is provided in the EIR to clarify land use issues and is not required by the Initial Study. A copy of the Final Initial Study is attached to this report as Appendix A, page A-1.

B. LAND USE AND ZONING

Land use impacts of the proposed projects were investigated in the Initial Study, published July 20, 1984, and included as Appendix A. The Initial Study concluded that expansion of the hospital facility and proposed parking structure would be consistent with the existing land uses. The following discussion of land use impacts is provided to clarify land use issues and is not required by the Initial Study.

1. Relationship to Plans

There are several objectives and policies of the Commerce and Industry Element¹ of the City Master Plan that would apply to the proposed project.

Objective 8, Policy 1: "Promote the multiple use of neighborhood commercial areas with priority given to neighborhood-servicing retail and service activity."

The proposed north wing addition would house medical center services (surgical and patient-care areas). The parking garage would include ground-floor commercial uses that would front on both Geary Boulevard and O'Farrell Street. No retail uses would be removed.

Objective 9, Policy 2: "Encourage the extension of needed health and educational services, but manage expansion to avoid or minimize disruption of adjacent residential areas."

The policy states that "medical institutions are required to develop and submit master plans to the City prior to any specific expansion request." The proposed projects are included in Kaiser's Institutional Master Plan (IMP), published in July 1983. The north wing addition was described as a short range (up to five-year) plan. The parking garage was described as a long range plan. The project sites are currently zoned C-2 and are subject to NC-3 Interim Controls. Both controls permit development of hospital/medical offices and garages as conditional uses.

The Kaiser IMP noted that the Hospital's demand for parking exceeds its capacity to provide off-street spaces. The resultant overflow on to neighborhood streets creates a situation that the Hospital and community would like to resolve. Additional off-street parking provided by the proposed project would minimize disruption of adjacent

residential areas by replacing an existing commercial building and surface parking lot with a parking garage. (See also discussion below under Residence Element, Objective 6, Policy 3.)

The Residence Element contains a policy that is applicable to the proposed project.²

Objective 6, Policy 3: "Minimize disruption caused by expansion of institutions into residential areas."

This policy notes that expansion of institutions into residential areas often conflicts with efforts to preserve and protect the scale of such residential areas. To minimize any disruption, the policy recommends careful review of the institution's future development plans. Interested citizens and local residents were given an opportunity to review Kaiser's plan for the north wing expansion and parking structure during the Institutional Master Plan (IMP) process (pursuant to Section 304.5 of the City Planning Code). Testimony taken from an October 20, 1983 public hearing on the IMP before the City Planning Commission indicated a concern that parking problems in the area should be alleviated in conjunction with hospital expansion.

2. Zoning

The sites for the proposed North Wing and parking garage are located in an area that is part of the City's overall proposal for Neighborhood Commercial Rezoning. The project is located in an area proposed for permanent rezoning and is currently subject to interim NC-3 (Moderate Scale Neighborhood Commercial District) controls which were adopted by the City in 1985. Those controls are intended to offer a variety of goods and services to a population greater than the immediate neighborhood.³ The Interim Controls and guidelines are now in effect for all permit applications filed after January 14, 1985. The Planning Department anticipates that the Board of Supervisors will vote on permanent controls in 1987.⁴

When a difference exists in the zoning requirements of interim and permanent controls (NC-3 and C-2), the project is subject to the more restrictive controls of each (Section 306.7(b)). Hospitals and medical centers require CU authorization in an NC-3 District (as well as in a C-2 District), as noted in Sections 712 and 217 of the Code. CU authorization

is also required in an NC-3 District for development of a site that is larger than 10,000 square feet, or for a project that contains uses (i.e., office, parking) that would total more than 5,000 gsf (Section 121.5 and Section 121.7).

Although in general NC-3 controls are more restrictive than C-2 controls, for this project site and the proposed use the NC-3 interim controls make no changes in the C-2 base controls in most planning areas. Only in reference to the maximum buildout of the project site do the NC-3 controls place a greater restriction than the existing zoning; by eliminating corner and through lot premiums, the NC-3 interim controls reduce the maximum effective FAR. Both of the proposed projects are under the base FAR, therefore the elimination of lot premiums under NC-3 would have no effect. The remainder of text in this section is applicable to both C-2 and NC-3 controls.

North Wing Addition

The Planning Code allows an FAR of 3.6:1. The proposed north wing addition and hospital together total 336,400 gross square feet, for an FAR of 3.3:1.

The proposed north wing addition would reach a maximum height of 72 feet, compared to the maximum allowed 105 feet. The north wing addition has been set back five feet at the sixth level to break the bulkiness of the facade. In and of itself, the north wing addition would have a length of 295 feet above 65 feet, and a diagonal dimension of 300 feet.

The communications dish proposed for the existing building's west side would comply with Section 227(h) of the Planning Code. The dish would be eight feet in diameter, approximately one foot less than the maximum allowed, and it would not extend above the building's roofline.

According to City Planning Code, the north wing addition alone would require 63 parking spaces and would not require any off-street freight loading spaces. The parking spaces would be supplied in the proposed garage.

Proposed Parking Garage

The proposed north wing addition would have a parking requirement of 63 spaces and the commercial space (20,000 sq.ft.) in the proposed garage would require 24 spaces. In combination with the existing Kaiser Hospital building which has a parking requirement of 631 spaces, the requirement for the entire hospital facility would be 718 spaces. The proposed Parking Garage would add 553 spaces to the 551 spaces that will remain after construction of the north wing addition and garage, and termination of existing off-site leases, for a total of 1,104 spaces. This would exceed the required parking by 386 spaces. Section 204.5 of the City Planning Code allows accessory parking spaces to total 150% of the required number of spaces, for a total of 1,077 spaces (718 x 150%). The proposed project would provide 27 spaces more than the total amount allowed by the City Planning Code.

The space devoted to parking within the parking garage, except for the 27 spaces exceeding accessory parking requirements, would be classified as accessory parking (per sections 159 and 204.5 of the Planning Code), and would not be included in gross floor area for purposes of FAR calculations (per section 102.8). Accessory parking may include up to 150% of the parking spaces required by code. A Conditional Use authorization would be required for the 27 spaces in excess of accessory parking requirements. The 20,000 gross square feet of commercial space proposed for the garage (6,100 storage, 13,900 office) would represent an FAR of 0.78:1.

The proposed parking structure would have a maximum height of 69 feet on Geary Boulevard, and 58 feet on O'Farrell Street. The maximum height allowed is 105 feet. The garage would have a length of 54 feet along Geary Boulevard above 65 feet, 46 feet less than the 110 foot maximum length permitted. (Above 65 feet the parking garage facade is stepped back from the street.) This building would have a maximum diagonal dimension of 135 feet, 5 feet less than the 140-foot maximum diagonal dimension permitted by the Code. The garage would comply with height and bulk requirements.

The commercial portion of the proposed garage, 6,100 gsf storage and 13,900 gsf office space, would require 24 parking spaces and no freight loading spaces. One freight loading space is being provided in the garage with access from O'Farrell Street.

The parking garage would require Conditional Use authorization for an exception to the Planning Code pertaining to exposed roof top uses (Planning Code, Section 223(n)).

¹San Francisco Department of City Planning, Commerce and Industry, an Element of the Master Plan, adopted by Resolution No. 8001, June 29, 1978.

²San Francisco Department of City Planning, Residence Element, adopted by Resolution 7417, December 11, 1975, and amended by Resolution 10045, June 28, 1984.

³San Francisco Department of City Planning, Neighborhood Commercial Rezoning, Proposal for Adoption, February 1985, updated March 28, 1985.

⁴Scott Dowdee, Neighborhood Commercial Planner, Department of City Planning, telephone conversation, January 16, 1986.

C. URBAN DESIGN AND VISUAL QUALITY

1. North Wing Addition

The mass of the north wing addition would rise six stories above St. Joseph's Avenue, 72 feet to the roofline. It would be lower than the existing hospital. However, the north wing addition elevator tower, providing access to all floors of the north wing and the existing hospital, would rise an additional 15 feet, 6 inches above the existing roofline of the Hospital's seventh floor level with the existing elevator tower. The Hospital building rises about 80 feet above the surrounding grade.

It should be noted that roofline heights in this area, as measured above grade, vary considerably on individual structures due to the steeply sloping terrain. The height of the proposed north wing would visually conform to the height of other major structures in the vicinity; the Hospital would rise three floors above the mass of the north wing structure due to the sloping terrain, thus preserving existing scale and bulk relationships in the area. The approximately 120-foot width of Geary Boulevard would continue to physically and visually separate the complex of medical buildings from the one- and three-story residential structures to the north, mitigating residential building scale relationships that could otherwise have an adverse impact on residents.

The proposed north wing addition would extend hospital building construction on the block down to the west margin of St. Joseph's Avenue, where a parking lot is presently located. In addition, the proposed single-story 4th floor addition to the east wing of the existing hospital structure adjacent to O'Farrell Street would incrementally increase the mass of the facility on the project site. The project would therefore constitute an infilling of areas on the project site that currently do not contain construction. While the Urban Design Plan, an element of the San Francisco Comprehensive Plan, shows Geary Boulevard as a roadway with important views for orientation, and a street "excellent" for the quality of view,¹ the proposed project would not obstruct views or detract from views along the Geary Boulevard corridor. Public views downslope and east along Geary Boulevard toward downtown San Francisco would be unaffected by the proposed project. The project would, however, incrementally obstruct views to nearby hillsides north and northeast of the project site, primarily from the lower levels of adjacent residential units that overlook

O'Farrell Street. See Figures 30 through 33, pages 68 through 73 for typical views from residences overlooking the project site. The amount of view obstruction would vary with respect to observer location and height relative to the proposed project.

The proposed north wing addition would affect views from the hospital as well. The addition would be situated in front of the existing building, thus removing views from floors 1-5 of the old building while creating new views from all floors of the new building. As can be seen from Figure 11, page 23, the top floors of the old building would look out over the new building.

Within the limits afforded by current earthquake construction codes, which tend to limit glass area, the proposed project would be designed to complement the architectural style, materials and color of the existing hospital building.² The north wing addition would continue the existing hillside terracing of building components toward the intersection of Geary Boulevard and St. Joseph's Avenue. Light would emanate from the building's interior during the nighttime hours; however, street and exterior area lighting would not be substantially altered by the proposed project.

Rooftop mechanical equipment consisting of fans, vents and motors would be clustered together and screened from view with a surrounding wall. The mechanical equipment would be located to minimize the potential for disturbing views from adjacent residences.² Views of the rooftop mechanical equipment from higher elevations would be screened or shielded by providing planters with decorative, drought resistant ornamental shrubs.

A microwave dish, eight feet in diameter, would be mounted along the top of the existing Kaiser Hospital building's west side. The microwave dish would be seen from the west and the south. (See Figures 2 and 3, pages 12 and 13.) Visual impacts of the dish would be minimal due to its relatively small size when compared to the bulk of the existing building and proposed addition.

About twenty plum and olive trees up to 15 feet tall, adjacent to St. Joseph's Avenue, would be removed to allow project construction. Ornamental trees, shrubs and groundcover would be planted along St. Joseph's Avenue in the area of the north wing addition's main entry.

Relation of the north wing addition to the provisions of the Urban Design Element is shown in Table 2, page 75.

2. Parking Structure

The horizontal emphasis of the proposed project and the openings on each floor would be similar to and contiguous with the facade lines of the adjacent parking garage (Figures 34-37, pages 78 through 81). The new rooftop level would be landscaped with planter boxes. Concrete panels would form the half-walls on each level, as opposed to the metal railings on the existing parking structure. Because the levels of the new structure would align with the existing garage the visual effect would be unity through form, though with some stylistic differences.

The 2190 O'Farrell Street parking structure and 2200 O'Farrell Street medical building rise an average of 61 feet and 86 feet, respectively, to the roofline. The proposed parking structure would, at its highest point, be lower than the existing parking garage (see Figure 18, page 31 and Figures 36 and 37, pages 80 and 81). The new garage would replace the EZ Storage building (EZ Storage is approximately 50 feet high, 195 feet wide, and 140 feet deep), which would be demolished. The garage would be built out to the sidewalk on Geary Boulevard, filling in the surface parking lot that now exists. The height of the new garage would visually conform to the height of other major structures in the vicinity. Since views from residences and parking lots on the south side of O'Farrell Street are already constrained by the existing parking garage and the E-Z Storage building some incremental view blockage west of the project would occur. Little view blockage would occur from Geary Boulevard and Divisadero; however, the project would alter the visual character of the site as it replaces an existing smaller structure and surface parking lot with a building of greatly increased bulk. The proposed garage would contain administrative offices at ground level on both the Geary and O'Farrell sides that would provide visual interest. The removal of the unbuilt space would leave the gas station on the corner as the last semi-open space on this particular block. The relationship between the applicable urban design policies of the Master Plan and the proposed project is summarized in Table 2, page 75.

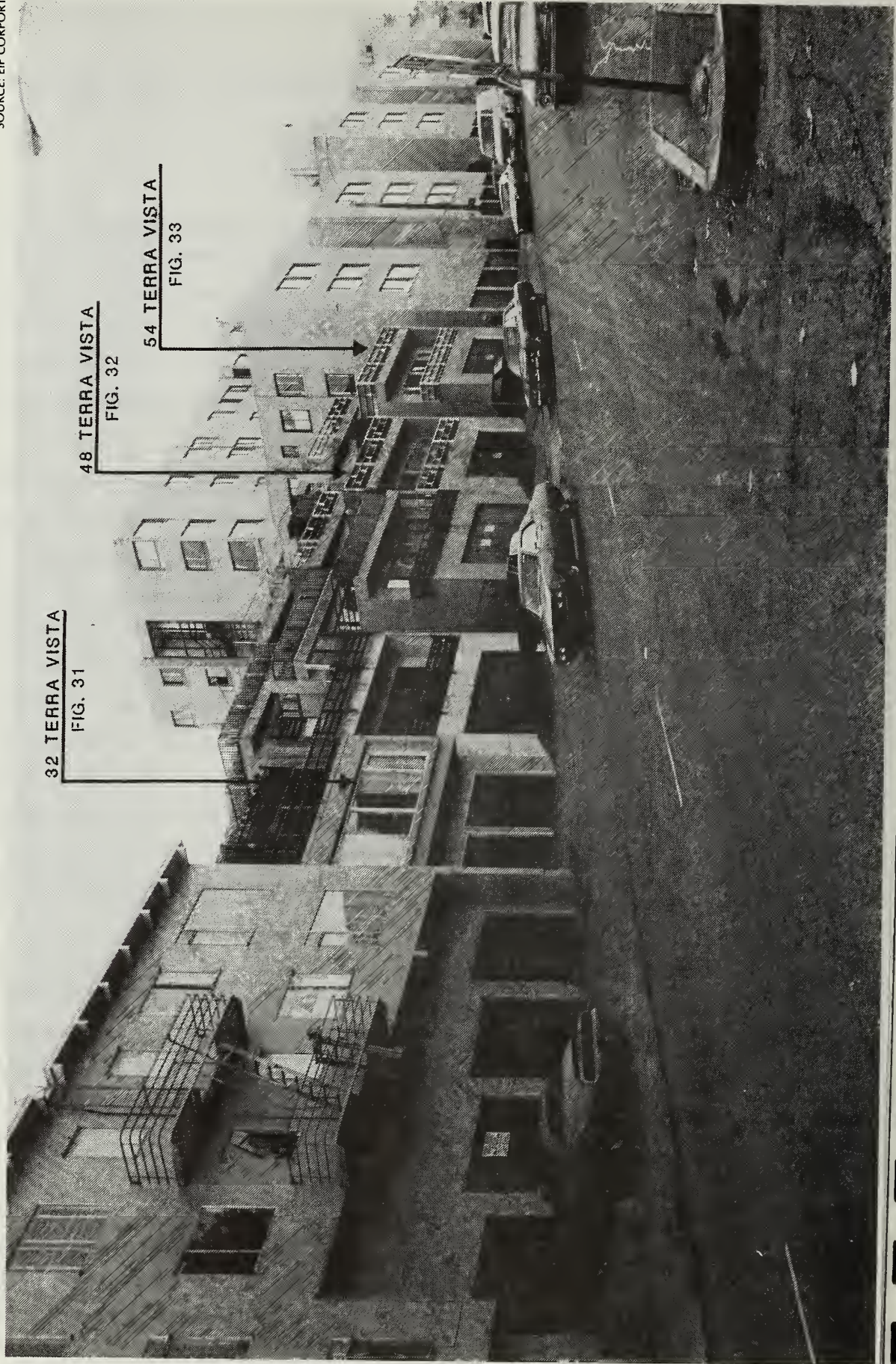
¹City and County of San Francisco, Comprehensive Plan, Urban Design Element, adopted by Resolution 6745 of the City Planning Commission, August 26, 1971, page 18.

²Richard Nygard, Kaiser Foundation, Project Architect, telephone communication, December 2, 1983.

BUILDINGS FRONTING O'FARRELL STREET THAT WOULD VIEW THE NORTH WING ADDITION

FIGURE 30

SOURCE: EIP CORPORATION



SOURCE EIP ASSOCIATES



VIEW FROM 32 TERRA

PROPOSED FOUR



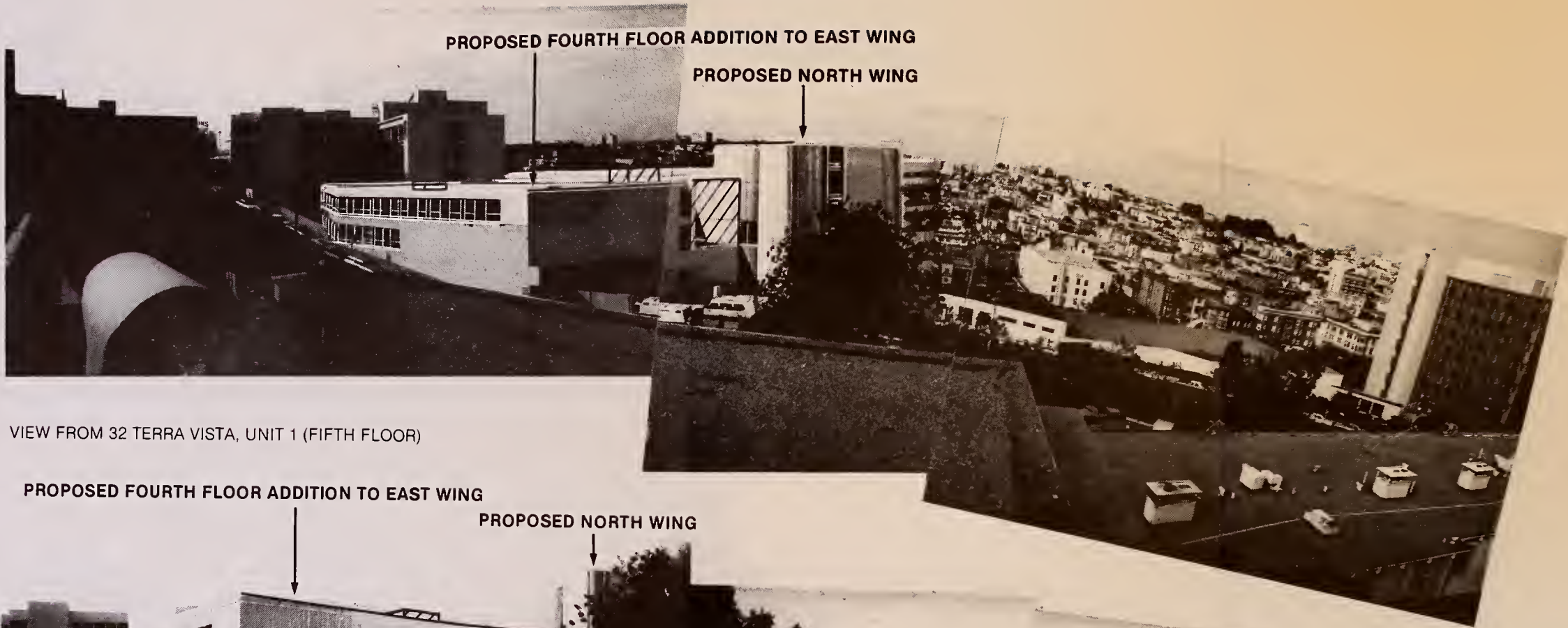
VIEW FROM 32 TERRA VIST



VIEW IMPACTS FROM PROPOSED NORTH WING

FIGURE 31

SOURCE EIP ASSOCIATES



VIEW FROM 32 TERRA VISTA, UNIT 1 (FIFTH FLOOR)



VIEW FROM 32 TERRA VISTA, UNIT 4 (SECOND FLOOR)

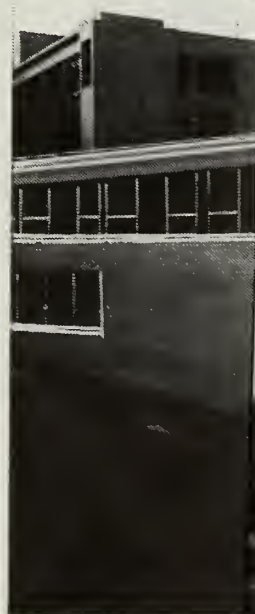
VIEW IMPACTS FROM PROPO

FIGURE 32

SOURCE EIP ASSOCIATES



VIEW FROM 48 TERRA VISTA, L



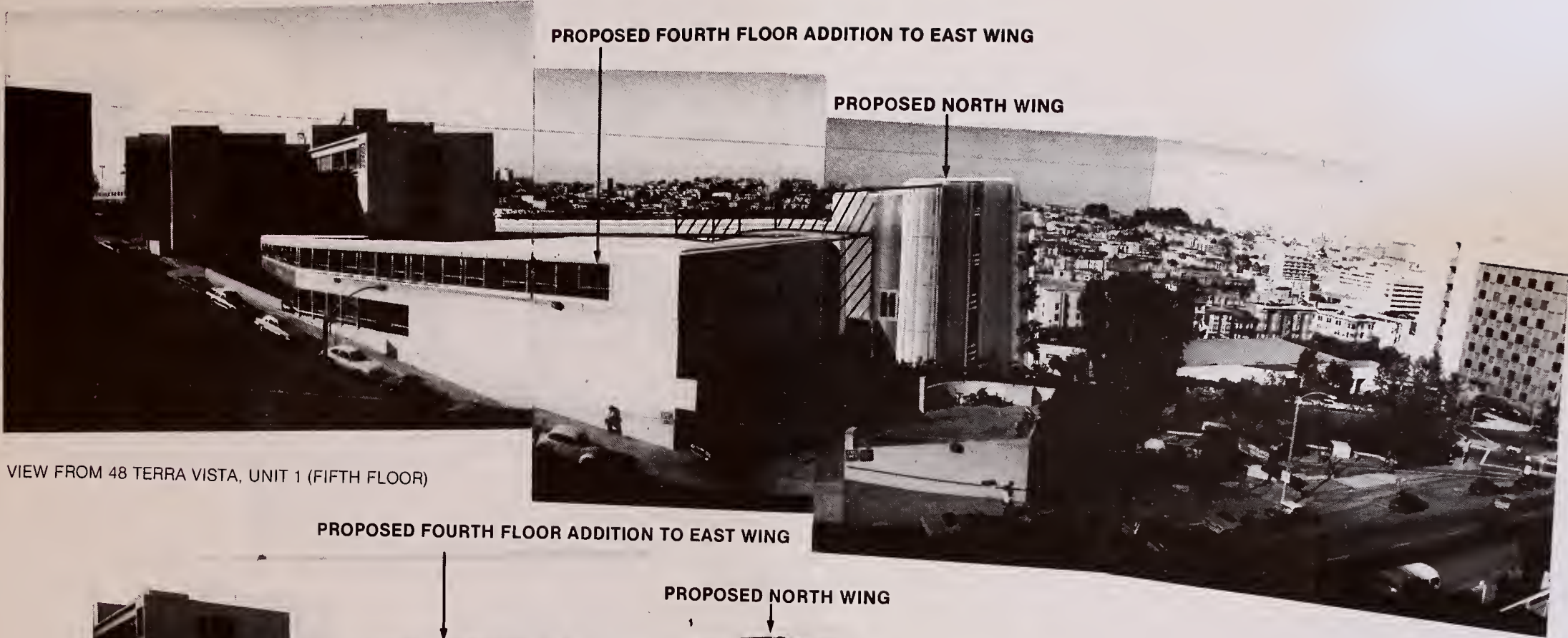
VIEW FROM 48 TE



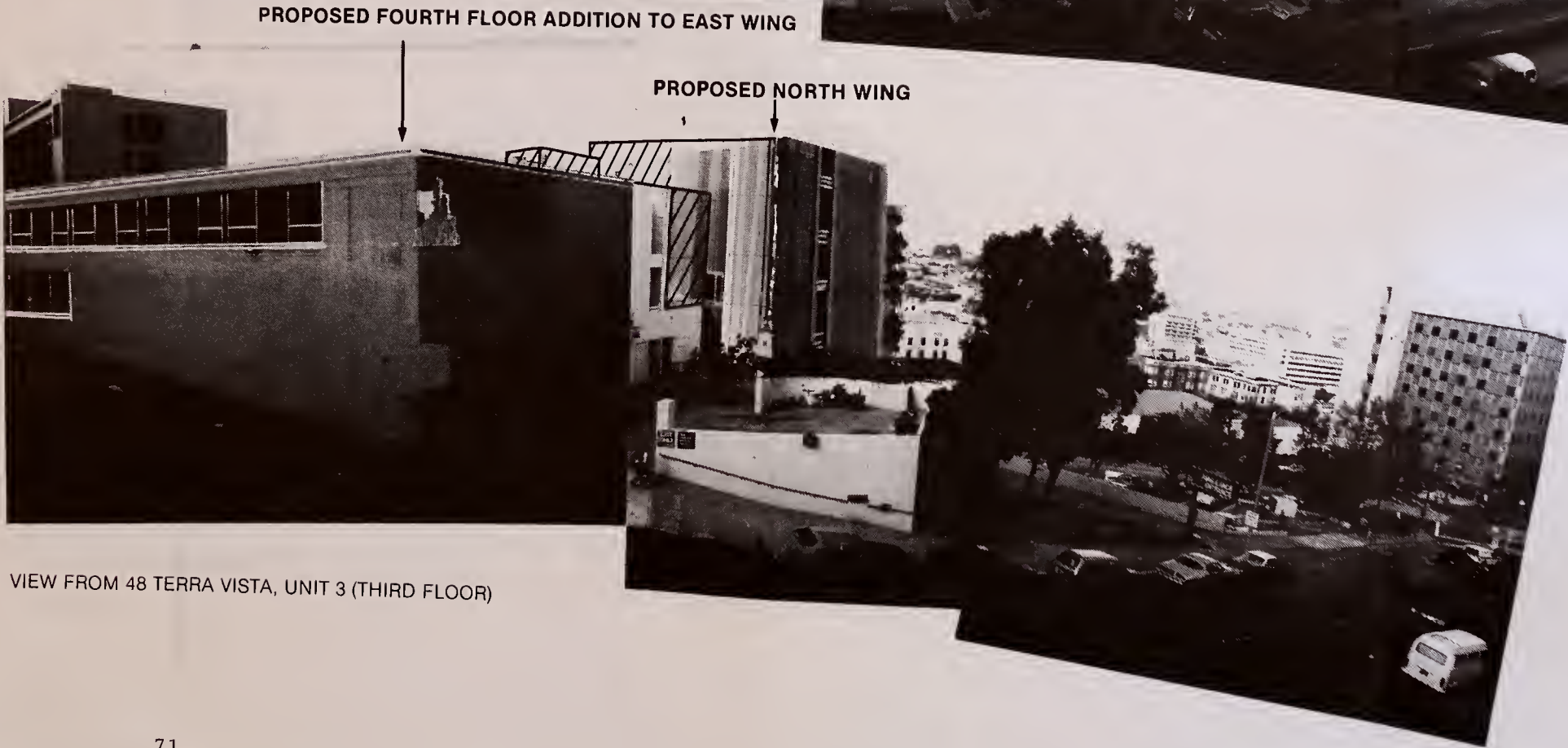
VIEW IMPACTS FROM PROPOSED NORTH WING

FIGURE 32

SOURCE: EIP ASSOCIATES



VIEW FROM 48 TERRA VISTA, UNIT 1 (FIFTH FLOOR)



VIEW FROM 48 TERRA VISTA, UNIT 3 (THIRD FLOOR)

VIEW IMPACTS FROM PROPO

FIGURE 33

SOURCE: EIP ASSOCIATES

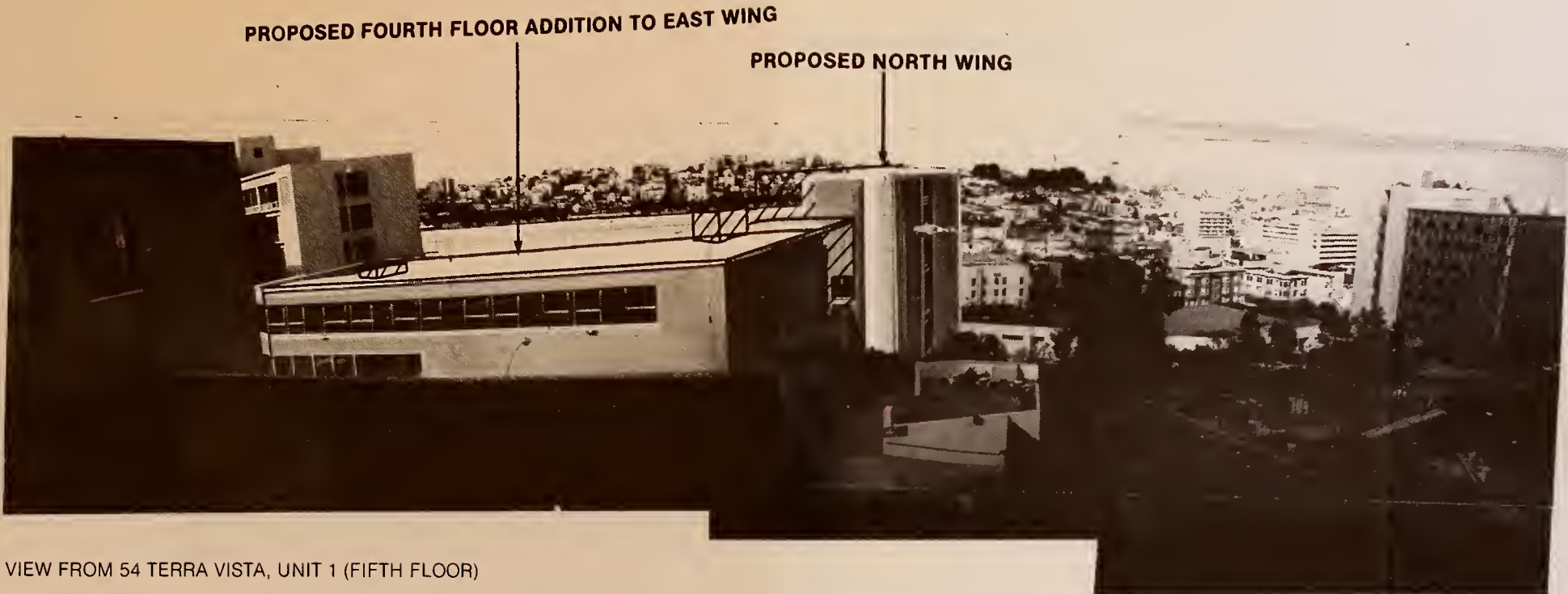


VIEW FROM 54 TER

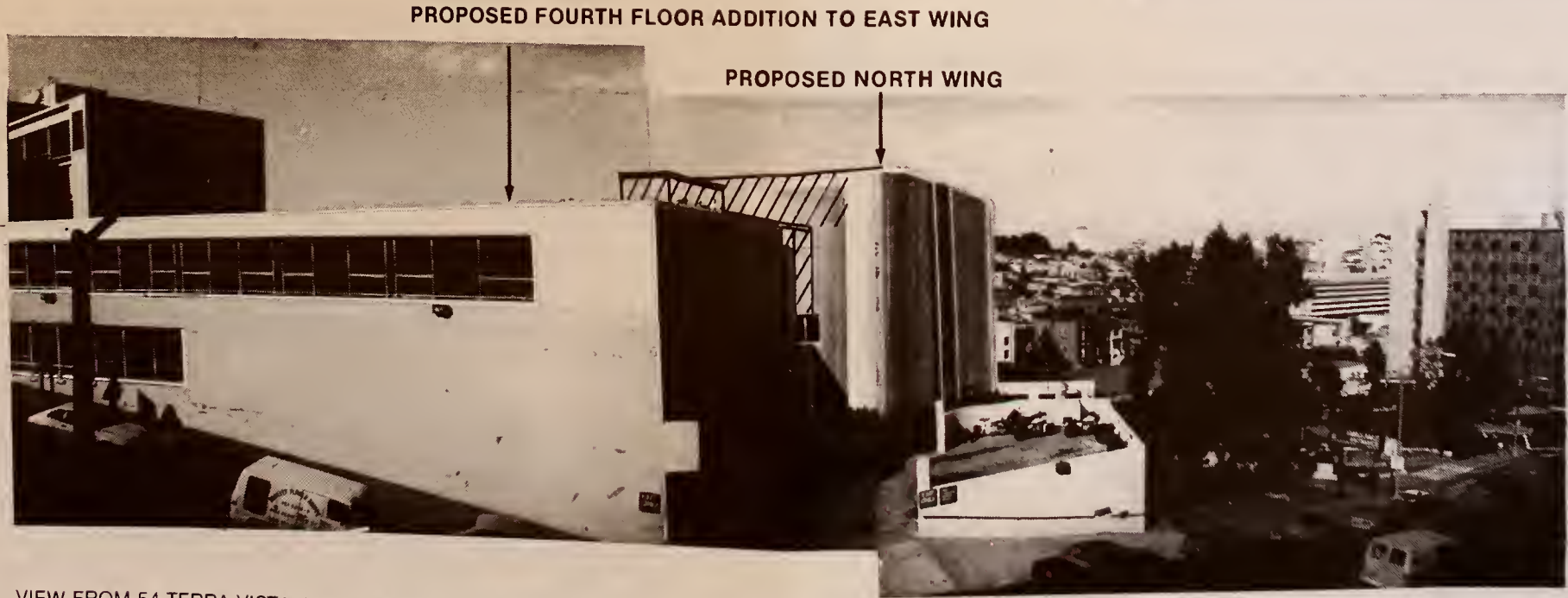


VIEW FROM 54

VIEW IMPACTS FROM PROPOSED NORTH WING



VIEW FROM 54 TERRA VISTA, UNIT 1 (FIFTH FLOOR)



VIEW FROM 54 TERRA VISTA, UNIT 3 (THIRD FLOOR)

TABLE 2
RELATIONSHIP OF PROPOSED PROJECT TO THE URBAN DESIGN PLAN¹

Urban Design Plan	Proposed Project
<u>Objective 6 - Major New Development</u>	
<u>Policy 1:</u> Promote harmony in the visual relationships and transitions between new and older buildings (p. 36).	<p>The design of the north wing addition would complement existing buildings on the project site, in architectural style, scale, materials and color. The parking garage would have greater bulk than existing structures on the block. The parking garage would relate to nearby buildings through architectural styling, particularly cut-outs and modulation at the top of the building and relates it to the adjacent residential structure. In addition, similar materials and color would be used to relate the structure to adjacent buildings.</p>
<u>Policy 2:</u> Avoid extreme contrasts in color, shape and other characteristics which will cause new buildings to stand out in excess of their public importance (p. 36).	<p>The design of the north wing and parking garage would complement existing style, colors and materials in the vicinity of the project.</p>
<u>Policy 5:</u> Relate the height of buildings to important attributes of the city pattern and to the height and character of existing development (p. 36).	<p>The north wing addition would visually conform to the height of other major structures in the project vicinity. The 120-foot width of Geary Boulevard visually and physically separates the medical complex from nearby residential structures. The proposed parking garage would relate to the existing parking structure in height; when viewed from O'Farrell and Geary, the roofline would be contiguous. However, the proposed garage would replace a smaller structure on the site and would occupy a portion of a surface parking lot with no existing structures.</p>
<u>Policy 6:</u> Relate the bulk of buildings to the prevailing scale of development to avoid an overwhelming or dominating appearance in new construction (p. 37).	<p>The mass of the garage would be greater than that of the existing E-Z storage building. The garage would replace an open lot with a structure, thereby increasing mass of the Geary Boulevard side. (See Figure 24, page 42, and Figure 34, page 78.) The scale and mass of the north wing would be in keeping with the existing hospital structure and other commercial and institutional buildings in the project vicinity. The north wing addition and part of the garage would constitute an infilling of areas on the project site that currently do not contain construction. The garage would be within bulk controls for the site. (See Land Use and Zoning, III.A.2.)</p>

TABLE 2 (continued)

Urban Design Plan	Proposed Project
<u>Objective 1 - City Pattern</u>	
<u>Policy 1:</u> Recognize and protect major views in the City (page 10).	<p>The north wing addition would incrementally obstruct views to nearby hillside north and northeast of the project site. The garage would incrementally obstruct views to the northeast and east from private residences on the south side of O'Farrell across from and west of the project.</p>
<u>Policy 3:</u> Recognize that buildings, when seen together, produce a total effect that characterizes the City and its districts (p. 10).	<p>Within the limits of current construction codes, the proposed north wing and parking structure would be designed to complement the architectural style, materials and color of existing buildings on the project site. The north wing would continue the existing hillside terracing of building components down the project site. The parking garage would, in general, repeat the character of the existing garage, while intending to provide enough contrast to avoid monotonous repetition.</p>
<u>Policy 8:</u> Increase the visibility of major destination areas and other points for orientation (p. 13).	<p>The hospital complex would continue to serve as a major point of orientation along the Geary Boulevard corridor.</p>
<u>Objective 2 - Conservation</u>	
<u>Policy 6:</u> Respect the character of nearby older development in the design of new buildings (p. 25).	<p>Within the limits of current construction codes, the proposed north wing and parking structure would be designed to complement the architectural style, materials and color of existing buildings on the project site. The north wing would continue the existing hillside terracing of building components down the project site. The mass of the north wing addition would rise 72 feet above grade, about 10 feet less in height than the main hospital building. An elevator tower would reach a maximum height of 96 feet. The parking garage would, in general, repeat the character of the existing garage, while intending to provide enough contrast to avoid monotonous repetition.</p>

TABLE 2 (continued)

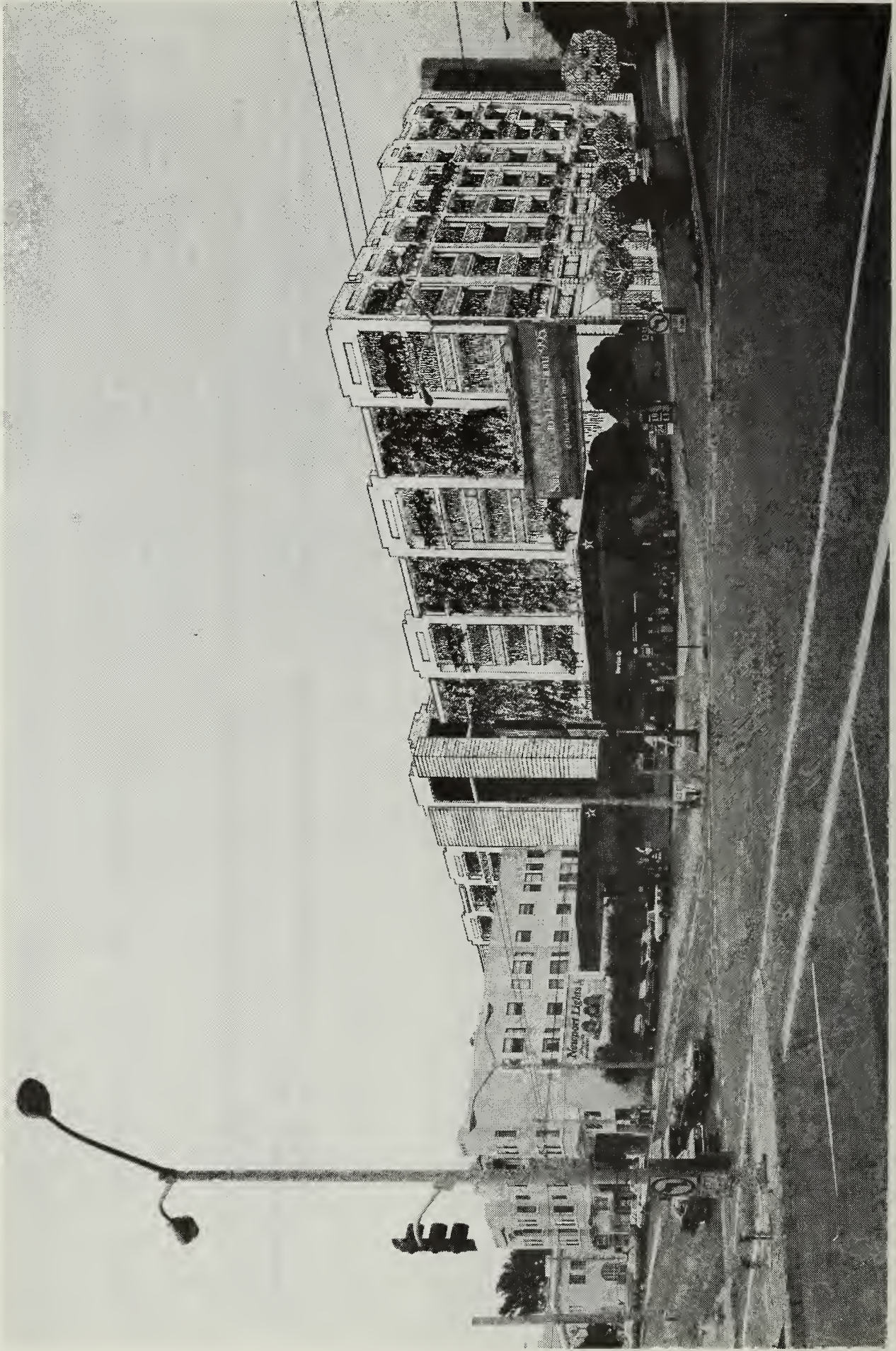
Urban Design Plan	Proposed Project
<u>Objective 4 - Neighborhood Environment</u>	
<u>Policy 12:</u> Install, promote and maintain landscaping in public and private areas (p. 57).	The existing landscaped embankment would be removed and replaced by trees, shrubs and groundcover plants which would be installed along St. Joseph's Avenue in the area of the north wing addition's main entry. Planter boxes with ornamental shrubs would be installed on the exposed roof of the parking structure.
<u>Policy 13:</u> Improve pedestrian areas by providing human scale and interest (p. 57).	The north wing addition would replace an existing landscaped embankment. New plantings consisting of trees, shrubs and groundcover would be planted along St. Joseph's Avenue near the main entry of the north wing addition. The parking garage would include ground level office/commercial frontage along Geary Boulevard and O'Farrell Street. The office/commercial space would increase visual interest for pedestrians and avoid a sterile street frontage.

¹San Francisco Department of City Planning, Urban Design Plan, adopted by Resolution 6745 of the San Francisco City Planning Commission, August 26, 1971.

PHOTOMONTAGE OF PROPOSED PARKING GARAGE

FIGURE 34

SOURCE: ROBINSON, MILLS & WILLIAMS



LOOKING WEST AT THE GEARY BOULEVARD/DIVISADERO STREET INTERSECTION

PHOTOMONTAGE OF PROPOSED PARKING GARAGE

FIGURE 35

SOURCE: ROBINSON, MILLS & WILLIAMS

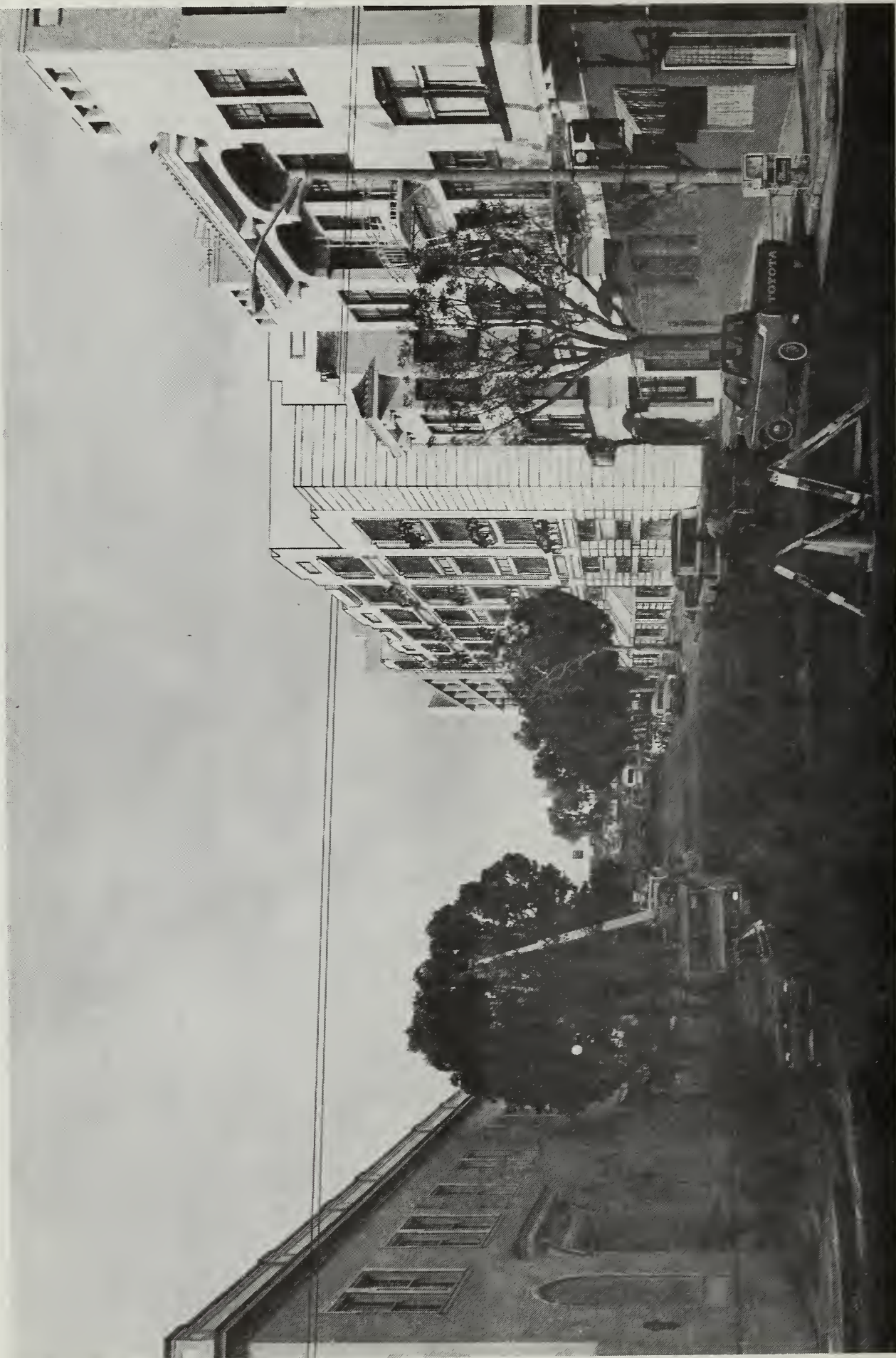


LOOKING EAST FROM MIDBLOCK ON GEARY BOULEVARD BETWEEN DIVISADERO AND ST. JOSEPH'S

PHOTOMONTAGE OF PROPOSED PARKING GARAGE

FIGURE 36

SOURCE ROBINSON, MILLS & WILLIAMS

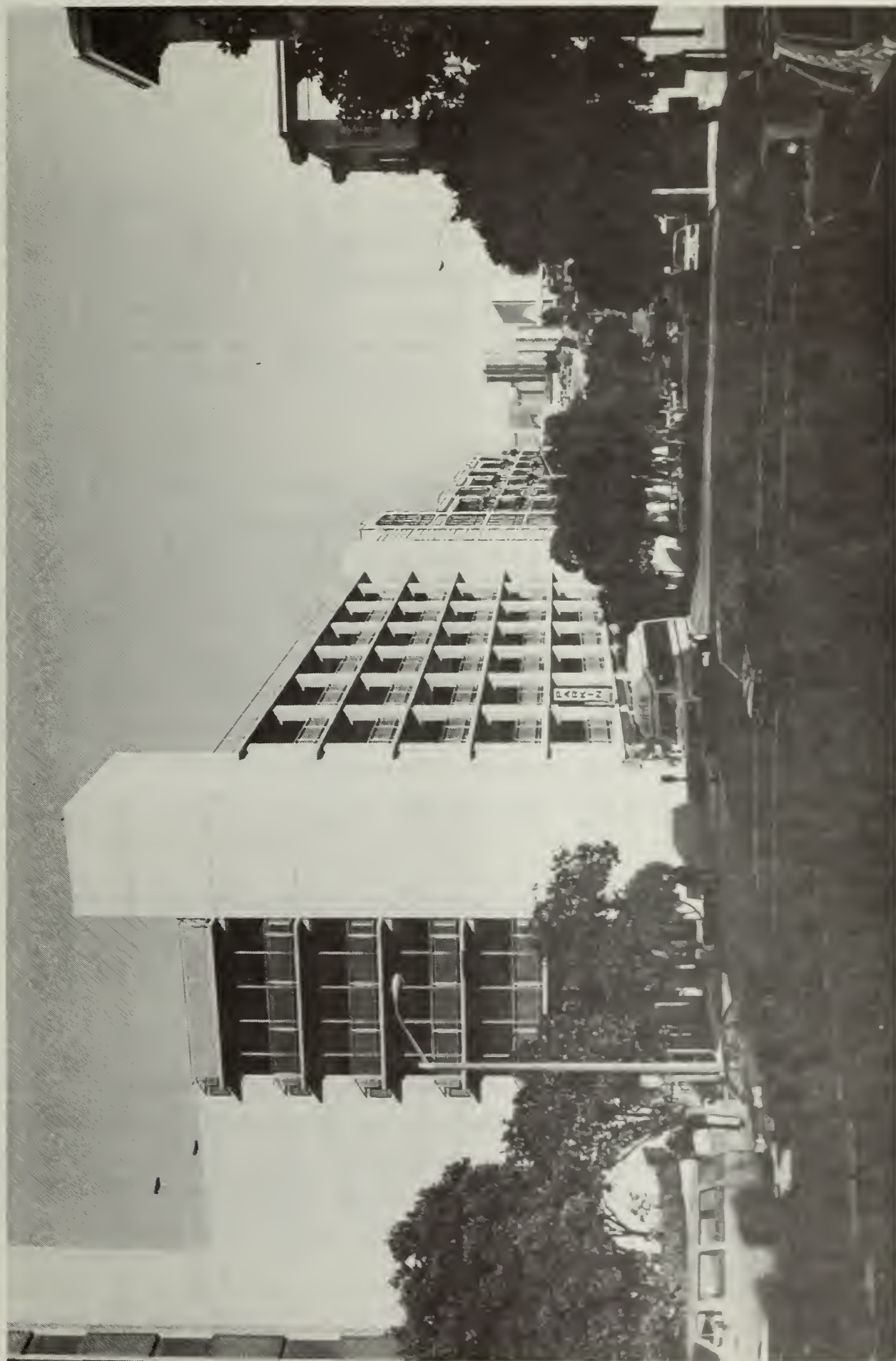


LOOKING WEST AT THE O'FARRELL STREET/DIVISADERO STREET INTERSECTION

PHOTOMONTAGE OF PROPOSED PARKING GARAGE

FIGURE 37

SOURCE: ROBINSON, MILLS & WILLIAMS



LOOKING EAST AT THE O'FARRELL STREET/ST. JOSEPH'S AVENUE INTERSECTION

D. TRANSPORTATION, CIRCULATION AND PARKING

1. Project Trip Generation

The proposed north wing addition would involve the addition of 51 hospital beds. This would result in a commensurate increase in employees, visitors and inpatients. Kaiser projects an increase of 150 hospital employees as a part of the north wing addition.¹ The current hospital operation experiences about one visitor per bed per day and an average inpatient stay of about five to six days. No new outpatient trips would be generated. The single expansion of outpatient service (Orthopedic Clinic, third level) is to provide for existing needs.

A 553-space parking structure is also proposed. Included in the 247,162-square-foot parking structure would be 20,000 square feet of commercial space. Storage and circulation would occupy 6,100 square feet of the commercial space and the remaining 13,900 square feet would be office space for Kaiser Center administrative employees. These employees are currently occupying leased properties on the north side of Geary Boulevard. Because these employees are being transferred from existing office space close by, there would be no increase in Kaiser office employment. However, new non-Kaiser office tenants would be expected to occupy the vacated space producing an increase of about 50 net new employees. The proposed garage would focus existing trips from dispersed locations to the garage location, but is not expected to generate any new trips.

The trip generation for the proposed north wing addition and administrative office space in the proposed garage is shown in Table 3, page 83. The projects would generate 670 person trips per day with 70 trips during the peak p.m. hour.

2. Street Network and Impacts

The Geary/St. Joseph's intersection operates with very stable traffic flow while the Geary/Divisadero intersection experiences some minor peak-hour congestion on the Divisadero Street approaches.² These intersections are currently operating at service levels B and C-D respectively. The O'Farrell/St. Joseph's and O'Farrell/Divisadero intersections operate at LOS A.³ (Service level definitions and calculation sheets are included as Appendix B).

TABLE 3
HOSPITAL EXPANSION TRIP GENERATION AND MODAL DISTRIBUTION
(In Person Trip Ends - PTE)

<u>Trip Generation:</u>	<u>Daily Trip Rate</u>	<u>Daily Trips</u>		<u>Peak Hour Trips</u>	
		<u>Auto</u>	<u>Transit</u>	<u>Auto</u>	<u>Transit</u>
150 employees	2 ¹	300		15	
60 daily visitors/ inpatient admissions	2	120		30	
50 office workers ²	5	250		25	
TOTAL		670		70	
<u>Trip Distribution:</u>	<u>Trip Type</u>	<u>Daily Trips</u>		<u>P.M. Peak-Hour Trips</u>	
		<u>Auto</u>	<u>Transit</u>	<u>Auto</u>	<u>Transit</u>
Employees ³		230	50	12	2
Visitors and inpatient ⁴		80	35	20	9
Office Workers ⁵		190	40	19	4
TOTAL		500	125	51	15

¹ Because of short lunch periods, on-site employee cafeterias and timing of employee shift changes, medical center employees generally make only two trips per day. Charles Rickard, Superintendent, Kaiser Buildings and Grounds, telephone conversation, January 30, 1986.

² Non-Kaiser employees are expected to occupy leased office space Kaiser is vacating. Number of workers based on 275 square feet per employee.

³ Chambers and Associates, Transportation Systems Management Survey Finding for Kaiser-Permanente Medical Center, February 10, 1984.

⁴ Chambers and Associates, Patient/Visitor Transportation and Parking Demand Survey and Analysis, July 1985.

⁵ Assumed same modal split as Kaiser employees.

The project would generate about 40 p.m. peak-hour vehicle trips (51 person trips/1.15 auto occupancy for employees and 1.5 for visitors and patients). Service levels at adjacent intersections would not be changed due to the net new project-generated auto trips.

The proposed 553-space parking structure would occupy a site between Geary and O'Farrell Streets adjacent to and east of the existing parking garage. Entrance and exits would be possible from Geary Boulevard or O'Farrell Street. The Geary access would have one entrance lane (leading to two entrance gates) and two exit lanes, and the O'Farrell access would have one entrance and one exit lane.

According to a survey made in January 1984 on vehicle use of the existing Kaiser-Permanente garage,⁴ the number of vehicles entering and exiting the garage peaks between 8:30 and 9:30 a.m. About 13% of the trips in and out of the garage were made during this hour, (97% inbound). By comparison, 11% of the total trips were made during a mid-afternoon peak between 2:00 and 3:00 p.m. and 8% of the total trips were made during the city-wide p.m. peak hour (between 4:30 and 5:30 p.m.). As noted above, trips into the garage peaked between 8:30 and 9:30 a.m. (21% of the daily inbound vehicles). Vehicles leaving the garage peaked between 4:30 and 5:30 p.m. when 89% of the garage traffic was outbound.

Assuming that the same patterns of use would apply to the proposed 553-space garage, and assuming a worst case of 100% occupancy in the structure, 2,210 daily vehicle trips would be made in and out of the proposed garage (553 spaces x 4 vehicle trips/space).⁴ If 8% of these trips occurred during the p.m. peak hour, approximately 20 vehicles would enter the garage and 155 would exit.

Vehicles exiting the garage onto Geary must turn right (east) on Geary Boulevard because a concrete median prevents left turns. Therefore, all outbound vehicles at the Geary access would pass through the Geary/Divisadero intersection, and all inbound Geary vehicles would pass through the Geary/St. Joseph's intersection. Vehicles exiting the garage onto O'Farrell Street could travel either east or west. The Medical Center is centrally located within San Francisco, and outbound vehicles generally are equally

distributed in all directions. It was assumed that vehicles traveling south and east would exit by making a right turn onto Geary Boulevard, and vehicles traveling north and west would exit the garage by turning right onto O'Farrell. If 50% of the outbound traffic exited onto Geary and 50% onto O'Farrell, with 75% of the O'Farrell traffic traveling west and 25% traveling east, p.m. peak-hour intersection volumes would increase as follows: Geary/Divisadero - 75 vehicles, O'Farrell/Divisadero - 20 vehicles, O'Farrell/St. Joseph's - 60 vehicles.

This would include the 40 net new vehicle trips generated by the north wing addition and garage commercial space as shown in Table 3. Because of lack of on-street parking, these vehicles would most likely park in the new garage.

The addition of garage vehicles to the Geary/Divisadero intersection would raise peak-hour vehicle volumes there by 2%, at O'Farrell/Divisadero 1% and at O'Farrell/St. Joseph's 7%. The increase in vehicle volumes at O'Farrell/St. Joseph's is higher than at the other two intersections because it has much less traffic presently than the other intersection and the 60 additional outbound vehicles represent a higher percentage increase. Project generated traffic would not degrade current LOS at any intersection. If O'Farrell Street returns to two-way operation, traffic volumes at O'Farrell/St. Joseph's are projected to drop by about 60 vehicles (7%) nullifying any increase generated by the new garage.

It should be emphasized that this is the worst case analysis. Many of the people parking in the proposed structure are already parking somewhere in the project vicinity and travel through these intersections. Considering all vehicles leaving to be "new" vehicles overstates the probable traffic impacts of the proposed garage. Based upon the estimate that one-half of the garage-related vehicle traffic traveling through local intersections would be net new traffic, it is estimated that a net vehicle increase due to the presence of the proposed garage would be 1% at Geary/Divisadero, 3% at O'Farrell/St. Joseph's and 0.5% at O'Farrell/Divisadero. These increases would not be measurable within typical daily traffic fluctuations.

The proposed parking garage for Kaiser Hospital, in combination with a project proposed by Mount Zion Hospital (see Post Street Medical Center and Parking Garage, DCP File No. 85.181E, DEIR published May 16, 1986) would result in cumulative traffic increases at the Geary/Divisadero intersection.

Mount Zion is proposing to construct a six-story medical center building with approximately 75,000 square feet of commercial space, and a five-level parking structure with 606 stalls on Divisadero Street between Post and Sutter.

Each project's garage would tend to focus auto traffic, which is now dispersed throughout the local street network onto the streets accessing the garage entry and exit driveways. Geary Boulevard serves as the dividing line between the Mount Zion area to the north and the Kaiser area to the south. Each area, north and south, has a relatively independent circulation pattern.

The proposed parking garage for Mount Zion Hospital would result in cumulative traffic increases at the Geary/Divisadero intersection. The combined effect of the proposed project and the Mount Zion garage would be an increase of about 5% in the intersection traffic. This would not change the level of service at the Geary/Divisadero intersection.

The project sponsor is proposing to reconstruct the curbline at the southwest corner of Geary/St. Joseph's in conjunction with the construction of the north wing addition. Currently St. Joseph's Avenue at Geary is one lane northbound and two lanes southbound. One of the southbound lanes is a right-turn lane from eastbound Geary onto St. Joseph's, and the second is a continuation of the through lane from Baker Street across the Geary intersection. Vehicles frequently make the turn from Geary to St. Joseph's at high speed, creating a hazardous situation for pedestrians. The sponsor is proposing to alter the right turn lane onto St. Joseph's and incorporate the existing traffic island into a new curb alignment (see Appendix B, page A-44). This would provide pick-up and drop-off area in front of the new main hospital entrance where pedestrians would be protected from auto traffic. P.m. peak-hour vehicle counts (see Appendix B, page A-36) show 125 vehicles turning right from Geary to St. Joseph's and 40 vehicles traveling through the intersection from Baker Street to St. Joseph's. The new alignment would provide a right turn lane on

Geary Boulevard leading onto St. Joseph's around the traffic island. The right turn lane on Geary is provided so right-turning vehicles would not slow autos and Muni buses traveling east through the intersection. Vehicles turning onto St. Joseph's would pass safely to the left of stopped autos loading and unloading at the curb on St. Joseph's.

3. Conversion of O'Farrell Street to Two-Way

A series of traffic and transportation improvements have been proposed in the vicinity of the Medical Center. A list of proposed changes is in the Project Description (See pages 32 and 34.) These circulation and transportation changes are independent of the proposed North Wing Addition and garage, and are intended to improve overall circulation in the area. As noted above on page 32, a proposal to convert O'Farrell Street to two-way was denied by DPW following a public hearing on February 14, 1986.

A supplemental analysis,⁵ independent of the analysis discussed above, has assessed the potential effects of converting O'Farrell Street (between Masonic Avenue and St. Joseph's Avenue) from one-way to two-way operation. The current one-way configuration was instituted in 1957 to simplify access in/out of the Sears store driveways between Masonic and Lyon Street.

Vehicle activity is relatively light along the one-way segment of O'Farrell Street. The one-way configuration reduces access convenience for the Sears Store and Kaiser Hospital while diverting traffic through the residential area to the south because vehicles can not travel westbound on O'Farrell Street in order to circle the Kaiser site (see Figure 28, page 51). In response to these issues the effects of returning O'Farrell Street to two-way operation were examined.

Traffic Flows with Two-Way Conversion

The one-way segment of O'Farrell Street between Masonic and St. Joseph's involves four public street intersections and five major driveways (serving the Sears property). In this segment, O'Farrell is striped with two eastbound travel lanes and curb parking on both sides of the street (see Figure 28, page 51).

IV.D. Environmental Impacts: Transportation, Circulation and Parking

An unusual feature is a separated westbound lane on O'Farrell which allows emergency vehicles to turn right from St. Joseph's to O'Farrell and travel 100 feet to the inbound emergency driveway.

At each intersection p.m. peak-hour turning movement counts have been conducted in order to determine existing levels-of-service for the supplemental analysis (see Appendix B, page A-33). According to service level calculations for signalized and unsignalized intersections, all four intersections are functioning at level-of-service "A." Motorists currently experience little delay at intersections. Based on the p.m. peak-hour volumes, traffic signalization is not warranted at O'Farrell/Anza Vista, O'Farrell/Lyon or O'Farrell/St. Joseph's. (The O'Farrell/St. Joseph's intersection traffic volumes are about 60-70% of the minimum level needed to warrant signalization.)

The most westerly Sears driveway carries the heaviest traffic volume but the service level is "A" with little delay for driveway traffic. The remaining Sears driveways carry lesser volumes and service levels would be "A." At each Sears driveway, vehicle visibility (sight distance) is hampered by roadway curvature and curb parking.

Between Lyon and St. Joseph's, the north side of O'Farrell includes a Kaiser truck dock, separate inbound and outbound driveways for the Emergency Department and an outbound driveway serving a small (44 space) Kaiser surface lot.

Kaiser records indicated 10-20 daily truck deliveries and the resulting 1-2 peak-hour vehicles would not have significant conflicts with through traffic.

The effects of two-way traffic flows on intersection service levels and traffic operation are summarized in Table 4, page 89. As indicated, the intersections operation would remain very stable although a slight service level decline would be experienced at O'Farrell/Masonic and O'Farrell/St. Joseph's. At O'Farrell/Lyon the intersection would continue to experience poor sight distance, particularly for vehicles turning left from Lyon to O'Farrell. It is noted that during the a.m. peak hour the O'Farrell/Masonic intersection flows would improve in that employee access to the Sears parking lots would be more evenly distributed on O'Farrell.

TABLE 4
EXISTING AND PROJECTED INTERSECTION SERVICE LEVELS

Intersection	Service Level	
	Existing	Projected
O'Farrell/Masonic	A	A/B
O'Farrell/Anza Vista	A	A
O'Farrell/Lyon	A	A
O'Farrell/St. Joseph's	A	B
O'Farrell/Divisadero	A	A

Source: Traffic counts conducted by EIP Associates between December 1, 1984 and September 25, 1985.

At O'Farrell/St. Joseph's the return to two-way operation would reduce potential vehicle conflicts caused by the current emergency vehicle lane. With two-way flow on O'Farrell, the westbound emergency vehicle lane would become a typical right-turn lane serving the inbound emergency driveway. The current configuration of raised islands in the O'Farrell/St. Joseph's intersection would not be appropriate for the two-way operation on O'Farrell Street and they would need to be reconstructed including relocated crosswalks and stepbars.

Driveway Effects with Two-Way Conversion

The traffic at the westerly Sears driveway would continue to be the heaviest volume experienced at any driveway location. However, with two-way O'Farrell operation this driveway would continue to operate at service level "A" with minimal vehicle delay. As with O'Farrell/Lyon, the Sears driveways would continue to experience sight distance problems, particularly for vehicles turning left from the driveways onto O'Farrell.

Based upon vehicle speeds of 20-30 miles per hour on O'Farrell each Sears driveway and the Lyon intersection should have a minimum 150-200 feet of sight distance. To provide this visibility curb parking would need to be eliminated on each side of the driveways and

intersections. It appears that 2-3 spaces would have to be eliminated to the east of each driveway, and 1-2 spaces to the west of each driveway along the north side of O'Farrell. Similar restrictions would apply to the O'Farrell/Lyon intersection. Altogether 18 to 30 curb parking spaces would need to be removed.

The return of O'Farrell Street to two-way traffic flow (from Masonic to St. Joseph's) would benefit overall access convenience for Kaiser Hospital and other properties fronting on O'Farrell. At O'Farrell/St. Joseph's, two-way operation would be particularly helpful in resolving conflicts between emergency vehicles and other traffic.

An additional measure recommended to accommodate two-way O'Farrell Street operation would be restriping the Masonic/O'Farrell intersection. East of Masonic, westbound O'Farrell would be restriped for one left-turn lane and one through/right lane. Eastbound O'Farrell would be one lane. West of Masonic, eastbound O'Farrell would be restriped for one left-turn lane, one through lane, and one right-turn lane. Westbound O'Farrell would be one lane.

4. Transit Service

The project would add about 15 p.m. peak-hour transit trips, all expected to be on Muni. The east-west lines near the Medical Center (the 1AX, 1BX, 2, 4, 31, 31AX, 31BX, 38, 38L and 38AX, 38BX lines) are operating at or near their capacity during the 4:30 to 5:30 p.m. peak hour.⁶ (Capacity is defined as all seats being occupied plus 25% standees on trolley coaches and 40% standees on diesel coaches.) The north-south lines (the 24 and 43) have ample capacity in the Medical Center area.⁶ When added to the 13 Muni lines serving the Medical Center vicinity, the 15-passenger increase in peak-hour trips would not have a measurable effect.

One entrance for the proposed parking garage is on Geary Street, which is designated a Transit Preferential Street in the Transportation Element of the City's Master Plan. The 38 and 38L line buses pass the Kaiser Medical Center eastbound an average of once every three minutes during peak hours. To prevent conflicts between garage traffic and through traffic on Geary Boulevard, curb parking would be removed and the sidewalk narrowed by

two feet in front of the proposed garage. This would provide a deceleration lane into the garage and an acceleration lane leaving the garage.

It is possible that garage traffic entering in the morning would extend from the two ticket gates back onto the street. (The two ticket gates are reached via one entrance lane from the street.) The garage entrance provides space for three vehicles to stack inside the garage. The deceleration lane would also serve as a stacking area for five vehicles to keep waiting garage-bound vehicles out of the moving lanes. If 13% of the garage trips were made during the morning peak of 8:30-9:30 a.m., and 97% of those trips were inbound,⁴ then approximately 280 vehicles would be arriving to enter the garage. They would be able to enter from Geary (two entrance gates) or O'Farrell Street (one entrance gate). Assuming two-thirds (185 vehicles) entered from Geary (to take advantage of the two gates), the Geary entrance would accommodate the flow without causing vehicles to stack onto the street.

5. Parking

PROJECT DEMAND

The north wing addition would displace 24 spaces from an existing 44-space surface lot. The proposed parking structure would displace an existing 35-space surface lot. Providing acceleration and deceleration lanes on Geary for the proposed garage would remove approximately 10 additional curb parking spaces.

The increased parking demand generated by the project is calculated as follows:

- o 150 daily employees x 76% auto/1.15 persons per auto x 70% (represents day and night shift employees who have overlapping parking demands) = 69 parking spaces.
- o 60 daily inpatients and visitors x 67% auto/1.5 persons per auto/10 turnovers daily = 3 parking spaces.
- o 50 daily office workers x 76% auto/1.15 persons per auto = 33 parking spaces.

Total demand for north wing addition and garage (commercial) = 105 spaces.

The added demand (and displacement of 69 existing spaces) would increase parking demand in the Medical Center vicinity by about 174 spaces.

REQUIRED PARKING

The parking requirements for the proposed project have been calculated according to City Planning Code as follows:

122,347 sq.ft. (North Wing) 1 space per 2,400 gross sq.ft. =	51.0 spaces
4,302 sq ft (North Wing) x .85* @ 1 space per 300 occupied sq ft medical office =	12.2
6,100 (Garage/storage) None required if less than 10,000 sq.ft.	0.0
13,900 (Garage/commercial) x .85* @ 1 space per 500 occupied sq.ft.=	<u>23.6</u>
	86.8 spaces

*A factor of 0.85 was used to convert gross sq.ft. to occupied sq.ft.

The new garage and North Wing Addition would require 87 parking spaces. The existing Kaiser Hospital structure requires 631 parking spaces,⁷ for a combined requirement of 718 parking spaces.

Accessory parking can include up to 150% of the parking spaces required by code. Kaiser is required to have 718 spaces for the existing hospital, North Wing expansion and proposed garage; 1,077 spaces (150% of 718) would be allowed as an accessory use. Currently, Kaiser has 444 spaces in its existing garage and 406 spaces in off-street lots. About 299 of these spaces will not be available when the north wing addition and parking garage are constructed and leases for Japantown and Sears are terminated (see parking setting). The remaining 551 spaces plus the new 553-space garage will total 1,104 spaces and will exceed the allowance for parking as an accessory use by 27 spaces. Kaiser would terminate leases for off-campus spaces at Sears and Japantown upon completion of the proposed garage, if those leases were still in effect.

MEDICAL CENTER DEMAND

The Medical Center's current peak parking demand has been estimated by the following calculations:

- o 1,320 employees at peak hour⁷ x 76% auto/1.15 persons per auto = 872 parking spaces
- o 429 parking spaces used by non-employees during visitor peak⁸

The total peak demand is for 1,301 parking spaces. A maximum of 850 vehicles could be parked in Kaiser's off-street garage and lots. The remaining vehicles must then be parked on-street in the vicinity of the Medical Center. This suggests that during peak hours of use as many as 451 cars belonging to employees and non-employees are parked on-street.

If the mitigation measures proposed by Kaiser Medical Center reduced the percentage of its employees driving alone from 60% to 44%, the need for about 105 parking spaces would be eliminated (see pages 97 and 110). (1,320 employees during peak x .16 reduction in drive alone/2 persons per car minimum = 105 spaces.) The number of parking spaces that could be eliminated would increase if the average number of employees per car increased. Also, if transit usage increased from 16% to 36%, and the additional users were employees who had previously driven alone, parking demand would decrease by about 265 spaces.

Currently, the vehicles parked on-street (as many as 451 during peak hours of use) and increased parking demand created by the North Wing Addition (174) would total approximately 625 spaces. Kaiser will also need to replace 240 existing spaces which will be lost when off-site lot leases terminate. The current lease with Sears is due to expire in 1992, and the Japantown lease is a month-to-month arrangement.⁹ The excess demand would then be 865 spaces.

The 553-space parking addition would accommodate the anticipated parking demand for the north wing addition and garage commercial area. The new structure would also address the parking shortfall resulting from the eventual termination of existing leases on other parking lots in the area. This consolidation of parking would enhance parking

management and control. On-street parking could be redesignated for very short-term use or for pick-up and drop-off purposes. Initiation of neighborhood permit parking in April, 1986 (see page 56 above) has reduced intrusion by visitors and employees into the neighborhood, but has increased demand on the existing Kaiser garage. The existing parking garage on O'Farrell Street is operating at capacity. Additional spaces in the new parking garage would also enable a redistribution of the cars presently using the O'Farrell garage, reducing congestion and waiting time there.

6. Freight Loading

Off-street freight loading needs for the Kaiser Medical Center Campus (as per City Code)¹⁰ have been calculated as follows:

541,102 gsf (includes existing office and hospital space, and proposed north wing and garage commercial space) = 3 spaces.

The Medical Center presently has two loading docks available. The project contains one freight loading space on O'Farrell Street in the garage structure, located just east of the parking entrance. Upon completion of the garage structure, three loading spaces would be provided as required.

Approximately 10-12 trucks per day use the existing Kaiser loading dock. Freight loading activity generally takes place in the morning. Occasionally, there may be as many as 20 deliveries a day, but this is very infrequent. The proposed garage storage area would become the main Kaiser storage area, and most of the truck activity would move from the existing hospital loading dock at Lyon and O'Farrell to the proposed loading dock. The proposed project would not generate additional truck activity. The quantity of each delivery may increase, but the frequency of deliveries is not expected to increase. A van would deliver supplies from the proposed garage storage space around the Medical Center campus, an existing practice.¹¹

7. Kaiser Expansion Plans

Kaiser Medical Center anticipates an increase in membership of 1% a year for the next 8 to 10 years. However, the actual demand for services is not likely to increase in

proportion to membership due to changes in membership demographics, increased emphasis in preventative health care, possible use of satellite clinics, and changes in delivery of medical services. Also, an increased emphasis by Kaiser on transportation alternatives such as ridesharing, increased transit usage, and other TSM measures (see discussion below) would help mitigate transportation impacts of increased membership.

8. Cumulative Parking

Both Kaiser Medical Center and Mount Zion Hospital place heavy parking demands on the Geary Boulevard-Divisadero area. Mount Zion Hospital anticipates the need for about 1,040 parking spaces.¹² (Estimate includes 260 spaces for proposed medical office building.) A field survey found there are about 2,000 parking spaces in the Mount Zion vicinity.¹³ (The study area was bounded by Geary, Lyon, Pine, and Steiner.) About 1,225 of these spaces are on-street spaces and 775 are off-street spaces. On the weekdays during the survey period, on-street parking occupancy was found to be 93%, with individual blocks still higher. On-street spaces were more heavily used than off-street spaces which averaged 70% occupancy overall. (The Mount Zion parking lot occupancy was consistently higher than other parking lots — 83% occupancy.) Higher curb parking levels are attributed to relatively high off-street parking fees and the substantial number of unrestricted curb spaces available.

EIP surveys¹⁴ indicate there are about 1,755 parking spaces within a 1,200-foot radius of the Kaiser Center, south of Geary Boulevard. (North of Geary was surveyed as part of Mount Zion study.) About 905 parking spaces are on-street spaces and 850 are off-street spaces owned or leased by Kaiser, which includes the 444-space Kaiser garage. About 395 of the 913 on-street spaces are located in neighborhood permit parking areas, reducing their availability for long-term parking. Unrestricted on-street parking has a 89% rate of occupancy. Off-street parking was approximately 90% occupied, and Kaiser garage itself was 99% occupied during the peak-afternoon hours.

The Post Street Medical Center project would construct a 606-space parking garage on Sutter Street at Divisadero. Kaiser Medical Center is proposing a 553-space parking garage adjacent to its existing parking structure. (This would result in a net increase of

431 spaces at Mount Zion and 494 spaces at Kaiser.) These two parking structures would represent a net increase of about 925 parking spaces in the area. This would be a 25% increase over the number of existing spaces. The addition of the proposed garages would reduce the level of occupancy from an overall average of 86%¹⁵ (on-street and off-street parking, north and south of Geary) to an overall occupancy rate of 77%.¹⁶ This reduction in demand for on-street parking would result in additional parking being available for local businesses and residents. The proposed garages would also provide parking for anticipated long term growth. Kaiser Medical Center has predicted an 8.9% growth in membership, at a rate of about 1% per year.

9. Pedestrian Circulation

Pedestrian crossings of St. Joseph's between the hospital and both the main Medical Office Buildings and the parking garage tend to conflict with traffic flow. As a part of the north wing hospital addition, pedestrian circulation on St. Joseph's Avenue would be altered. The North Wing addition would include a street-level pedestrian entrance on the west side of St. Joseph's. To better serve pedestrian access, the Medical Center is petitioning the City to modify the curb line of St. Joseph's Avenue and Geary Boulevard. (See project description, page 34. Diagram of proposed curblines is in Appendix B, page A-43.) The St. Joseph's curb would be reconstructed to incorporate the existing traffic island. St. Joseph's would be realigned and narrowed at its intersections with Geary. This realignment would provide a right-angle intersection reducing the speed of vehicles turning right from Geary to St. Joseph's. The narrowing, emphasized with pavement differentiation (possibly both color and texture) would better delineate the pedestrian crossings and reduce crossing length. A protected passenger pick up and drop off would be created on O'Farrell's west side. The overall effect of this revision would be a more identifiable entrance with a passenger pick up and drop off area immediately in front of it. Improvement of pedestrian crossing conditions would better integrate use of the various Kaiser campus buildings on each side of St. Joseph's Avenue. While vehicle access would continue, vehicle speeds would be reduced and pedestrian convenience and safety enhanced.

10. TSM Improvements

Kaiser Medical Center first developed a Transportation System Management (TSM) Plan in 1979. A report was prepared that described the existing conditions at the Medical Center, assessed the potential for TSM program improvements, established goals for the program and identified a comprehensive and coordinated set of TSM measures. A goal was set to reduce parking demand generated by hospital employees by 250 spaces.¹⁷

Kaiser set forth to achieve this goal by providing alternative transportation programs for employees driving alone. These alternatives include carpools, vanpools, private bus services, public transit and bicycle commuting.

In February 1984, a subsequent employee transportation survey showed that progress was slow in reducing the number of employees driving alone.⁴ Kaiser reevaluated the TSM program and made major modifications. A transportation coordinator position was designated to oversee the TSM program and more vigorous implementation of goals occurred, including:¹⁸

- an increase of parking fees
- free parking for vanpools
- installation of parking control equipment and a reissue of cards and decals
- provision of a personalized ridesharing service utilizing the interactive computer matching services of RIDES for Bay Area Commuters, and the Golden Gate Ridesharing Division for Marin/Sonoma Employees
- promotion of the Skyliner bus services
- procurement of 85 parking spaces on a temporary basis in Japantown with a connecting shuttle service to the medical center
- initiation of an annual Transportation Fair (May 1985)

The current long-range goal for drive-alone modal share is a reduction from the existing 60 percent to 44 percent,¹⁹ adjusted from the 1984 long-range goal to reduce drive-alone from 60 percent to 38 percent.

¹Institutional Master Plan for the Kaiser-Permanente San Francisco Medical Center, July 1983.

²Field observations and counts by EIP Associates on March 2 and March 17, 1983.

IV.D. Environmental Impacts:
Transportation, Circulation and Parking

³Traffic counts by EIP Associates, December 3, 1984 (O'Farrell/St. Joseph's) and September 25, 1985 (O'Farrell/Divisadero).

⁴Chambers and Associates, Transportation Systems Management Survey Findings for Kaiser-Permanente Medical Center, San Francisco, February 1984.

⁵George Nickelson/OMNI-MEANS, Supplemental Traffic Analysis for O'Farrell Street, 1985.

⁶Charles Romeyn, Muni Scheduling Department, telephone conversation, January 31, 1986.

⁷Square footages taken from Kaiser Institutional Master Plan, July, 1983, page 48 and International Parking Design, Parking Demand and Supply Analysis for San Francisco Medical Center, April 26, 1985, page 40. Parking code requirements calculated as follows:

<u>Hospital</u>			
Hospital space	194,38	gsf at 1 space/2,400 gross sq.ft.	= 81.0
MOB space	8,058	gsf x 0.85* at 1 space/300 occupied sq.ft.	= 22.8
	202,439	Spaces	103.8

<u>Remainder of Campus</u>			
MOB Office	177,108	gsf x 0.85 at 1 space/300 occupied sq.ft.	= 501.8
Admin. Office	14,906	gsf x 0.85 at 1 space/500 occupied sq.ft.	= 25.3
	192,014	Spaces	527.1

631 parking spaces are required. 630.9

* A factor of 0.85 was used to convert gsf to approximate occupied sq.ft.

⁸Chambers and Associates, Patient/Visitor Transportation and Parking Demand Survey and Analysis, August, 1985, page 14.

⁹David Van Noy, Kaiser Real Estate Division, telephone conversation, June 9, 1986.

¹⁰City Planning Code Section 152, Table 5.

¹¹Scott Wittenborn, Kaiser Medical Center, telephone conversation, June 20, 1986.

¹²Draft EIR for Post Street Medical Center and Garage, (85.181E), published May 16, 1986.

¹³DKS Associates, Public Parking Study, Mount Zion Hospital Area, September 1983.

- ¹⁴ EIP Associates, on-street parking surveys, conducted June 4 and June 18, 1986.
- ¹⁵ Existing spaces: Kaiser 1,755 + Mt. Zion 2,001 = total 3,756.
Existing peak parking demand: Kaiser 1,484 autos + Mt. Zion 1,747 = total 3,231.
Overall occupancy: $3,231/3,756 = 86\%$.
- ¹⁶ Existing spaces (3,756) + net new spaces (925) = future spaces (4,681)).
Existing peak parking demand (3,231) + additional project demand (Kaiser 105, Mt. Zion 260) = future demand (3,596).
Overall future occupancy = $3,596/4,681 = 77\%$.
- ¹⁷ DeLeuw Cather and Company, Transportation Systems Management Plan for Kaiser Permanente Medical Center, San Francisco, October 1979.
- ¹⁸ International Parking Design, Parking Demand and Supply Analysis for San Francisco Medical Center, April 26, 1985, page 28.
- ¹⁹ Ira Fink and Associates, Transportation Systems Management Plan Evaluation Study, Final Evaluation Report, Joint Institutional Combined Report, December 1980; and International Parking Design, Parking Demand and Supply Analysis for San Francisco Medical Center, April 26, 1985, page 30.

If Kaiser Medical Center reduced the percentage of its employees driving alone from 60% to 44%, the need for about 105 parking spaces would be eliminated. (1,320 employees during peak x .16 reduction in drive alone/2 persons per car minimum = 105 spaces.) The number of parking spaces that could be eliminated would increase if the average number of employees per car increased. If transit usage increased from 16% to 36%, and the additional users were employees who had previously driven alone, parking demand would decrease by about 265 spaces.

E. ENERGY

Pacific Gas and Electric Company (PG&E) supplies energy to San Francisco customers. Electrical energy is generated from various sources of energy including oil, gas, hydroelectric, geothermal, nuclear, wind, cogeneration and solid waste.¹ In future years, PG&E expects to generate electricity from these sources and from coal. The proportion of energy generated from oil and gas is expected to decrease by 1990 with corresponding increases in the proportion of energy generated from the other sources listed above.²

Energy use on the site of the new construction is minimal because it is used as a parking lot. Energy use for the existing building for 1984 totaled about 7.6 million kwh of electricity and 375,000 therms of natural gas, equal to about 115 billion Btu at the source.^{3,4}

Removal of existing structures would require an unknown amount of energy. Fabrication and transportation of building materials, worker transportation, site development, and building construction would require about 46 billion Btu of gasoline, diesel fuel, natural gas, and electricity.⁵ Distributed over the estimated 50-year life of the project, this would be about 0.9 billion Btu per year, or about 0.6% of annual building energy requirements for the entire facility.

New buildings in San Francisco are required to conform to the energy conservation standards specified by Title 24 of the California Administrative Code. However, hospitals are exempt because of their around-the-clock operation, stringent space conditioning (heating, cooling and ventilation) requirements, special equipment and safety requirements. Nonetheless, the proposed project would be designed to meet or exceed all Title 24 requirements, where these requirements do not conflict with hospital health and safety codes. Commercial space, such as the administrative offices and storage areas in the proposed parking garage, would comply with Title 24 regulations. The State allows building developers to comply with the standards through the component performance standards method which requires the incorporation into a building of a set of specific design features, through the use of nondepletable energy resources, or by demonstrating that the building would consume no more than a specified quantity of energy, expressed as

Btus per square foot per year (energy budget).⁶ Documentation showing compliance with these standards is submitted with the application for the building permit and the standards are enforced by the Bureau of Building Inspection.

The space conditioning systems of the proposed new building would be integrated with those of the existing facility. It is anticipated that there would be an integrated chilled water system for the entire hospital with fan-coil units in individual spaces. Non-critical day use areas would be equipped with a variable air volume system to increase energy efficiency. Overall, the energy consumption rates of the proposed new building would be expected to be about 10% higher than the existing building because of an increase in the amount of air conditioning. The new building would be responsible for about 44% of the total future energy consumption.

Table 5, page 102 shows the estimated operational energy that would be used by the project. The expected combined future energy consumption of the proposed building and the existing facility including the remodelled areas was performed; the results of this analysis are shown in the first column of Table 5, page 102. The second column of the table indicates the expected energy consumption of the new building only. Both sets of figures include overall expected energy consumption including building operation and occupant uses. The results indicate that the new facility (existing plus new building) would consume about 247,000 BTU per square foot per year of energy onsite. This compares with 276,000 BTU per square foot for the Kaiser Hospital in Hayward and 185,900 for the Kaiser Hospital in Redwood City. The last two columns of Table 5 show the estimated energy use for the parking garage and administrative and storage areas.

Peak electricity demand for the hospital facility would be about 2,117 kW and would occur at 11 a.m. in August. Project demand for electricity during PG&E's peak electrical load periods, July and August afternoons, would be about 2,100 kW, an estimated .013% of PG&E's peak load of 16,000 MW.⁷ Annual and peak daily electricity consumption are shown in Figures 38 and 39, pages 103 and 104. Peak natural gas consumption would be about 235 million Btu/day and would occur at about 8 a.m. in January. Project demand for natural gas during PG&E's peak natural gas load periods, January mornings, would be 2.35 million Btu per day, or about .06% of PG&E's peak load of about 3.7 billion Btu per day.⁷ Annual and peak daily natural gas consumption are shown in Figure 40, page 105.

TABLE 5
ESTIMATED PROJECT¹
ENERGY USE

	Future Facility (existing + proposed) (excl. parking garage)	New building only	Parking Garage	Administration and Storage
Daily Natural Gas Consumption ²				
Estimated Average Daily Natural Gas Consumption per square foot (BTU) ³	375.00	412.50	-	60.00
Estimated Peak Daily Natural Gas Consumption (therms)	2,300.00	1,000.00	-	20.00
Monthly Electric Consumption				
Estimated Monthly Electrical Consumption per square foot (kwh)	2.65	2.91	0.15	1.9
Estimated Monthly Total Electric Consumption (kwh)	880,000.00	387,200.00	39,000.00	40,000.00
Annual Energy Consumption				
Total Annual Natural Gas Consumption (billion BTU)	45.00	19.80	-	.44
Total Annual Electric Consumption (millions kwh)	10.60	4.60	0.50	.50
Total Annual Energy Consumption (billion BTU)	153.10	67.40	4.80	.60
Connected Kilowatt Load	2,100.00	924.00	100.00	100.00
Total Annual Energy Consumption (barrels of oil)	27,000.00	12,000.00	800.00	1,000.00

¹The project would include a 126,700 square foot addition, 50,000 square feet of rehabilitation, a 258,852 square foot parking garage and 22,224 square feet of administrative and storage space. The administration and storage space is considered to be commercial space in this analysis.

²Calculations performed by Hospital Building and Equipment Company.

³BTU (British Thermal Unit): A standard unit for measuring heat. Technically, it is the quantity of heat required to raise the temperature of one pound of water 1° Fahrenheit (251.97 calories) at sea level.

Note: Energy Conversion Factors:

one gallon gasoline = 125,000 BTU

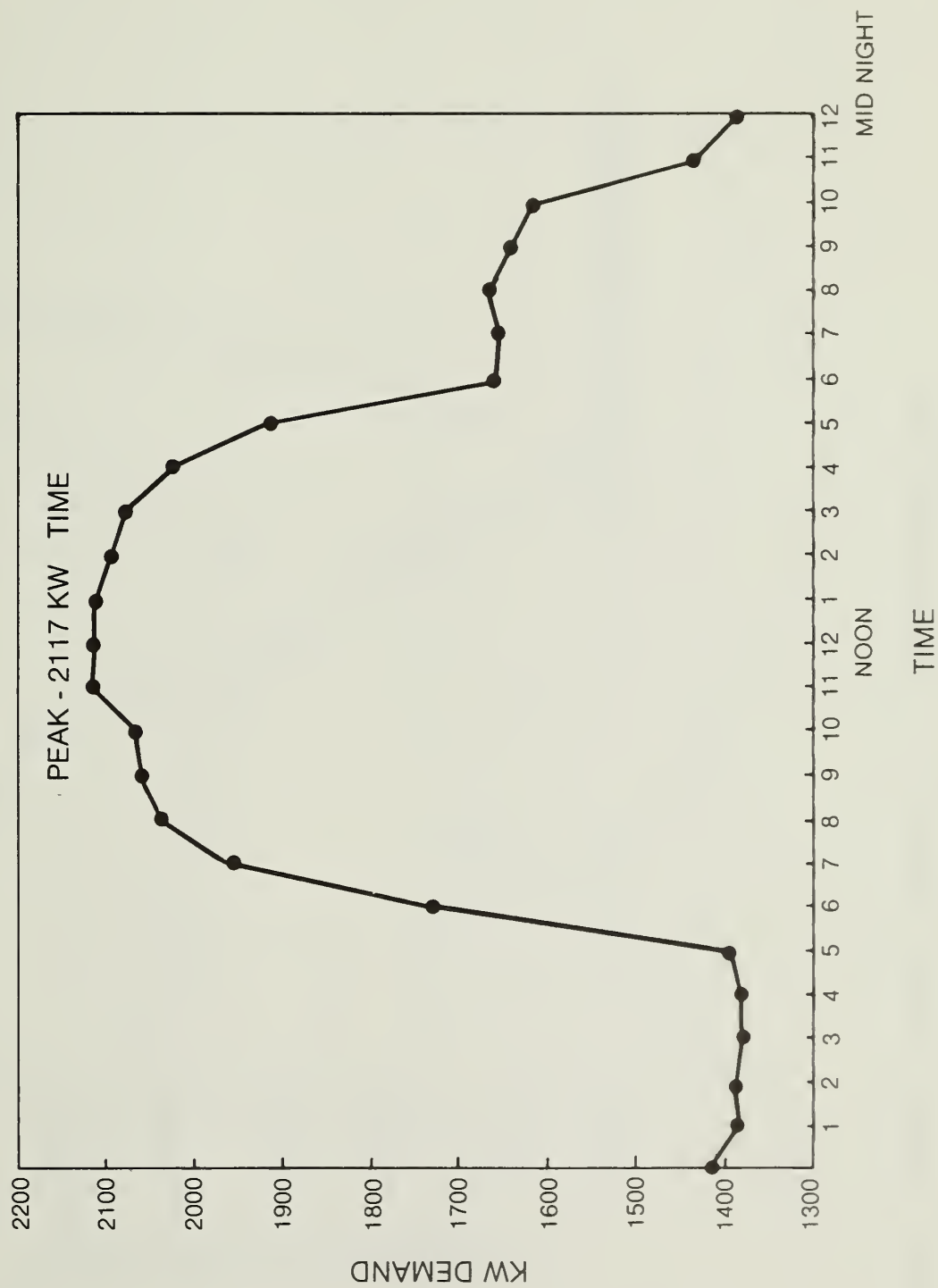
one kilowatt (kw) = 10,239 BTU assuming operational efficiency of 33% for fossil or nuclear fueled power plant

one therm = 100,000 BTU

one cu.ft. of natural gas = 1,100 BTU at source

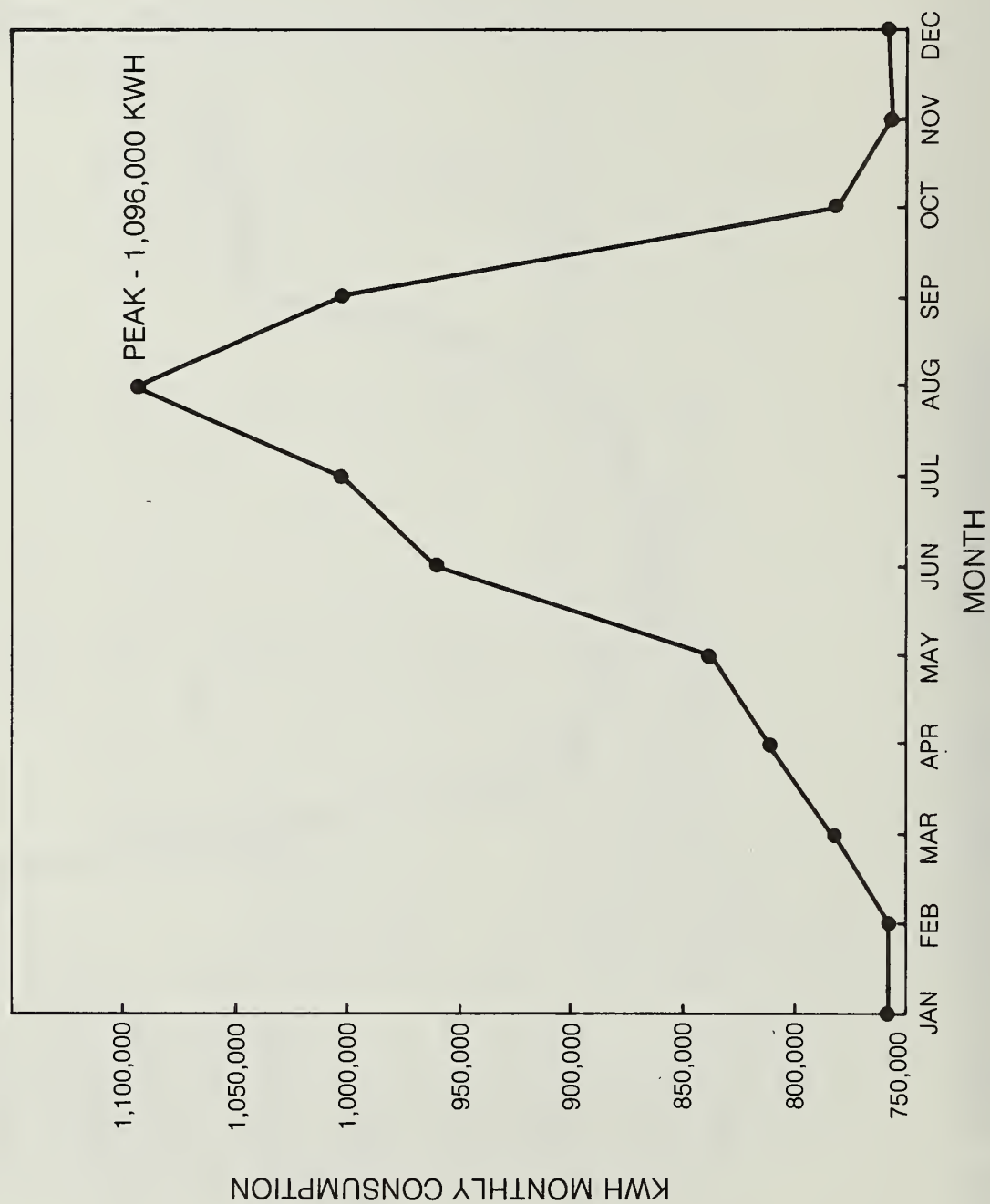
one barrel of oil = 5,600,000 BTU

Source: Hospital Building and Equipment Company, written communication, February 25, 1985.



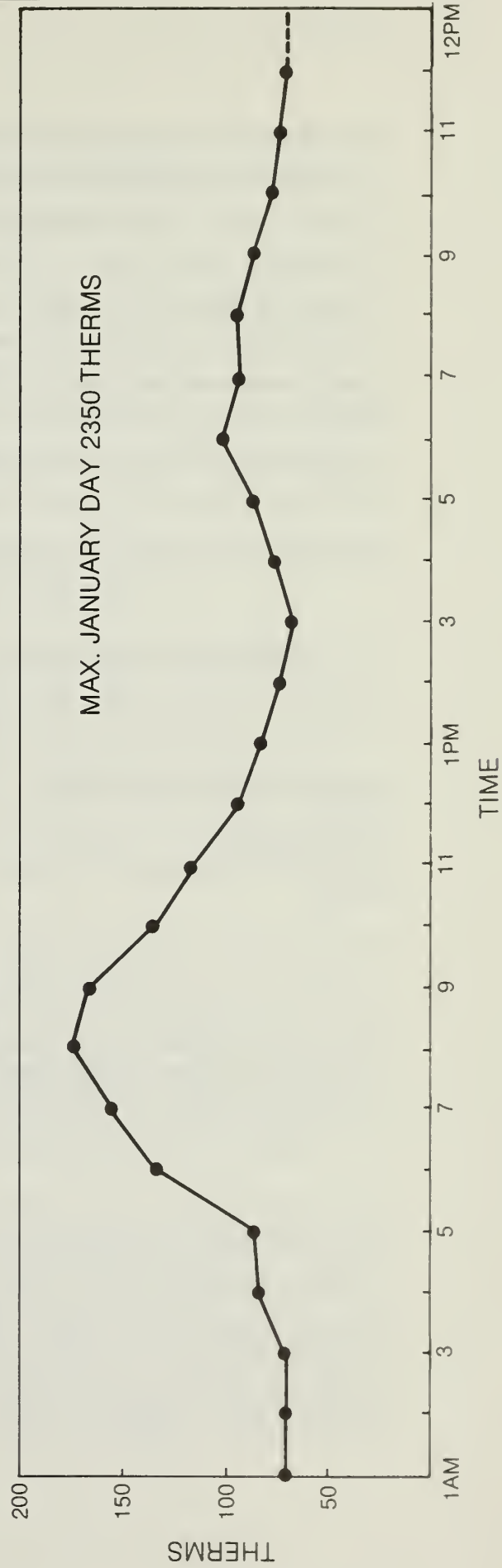
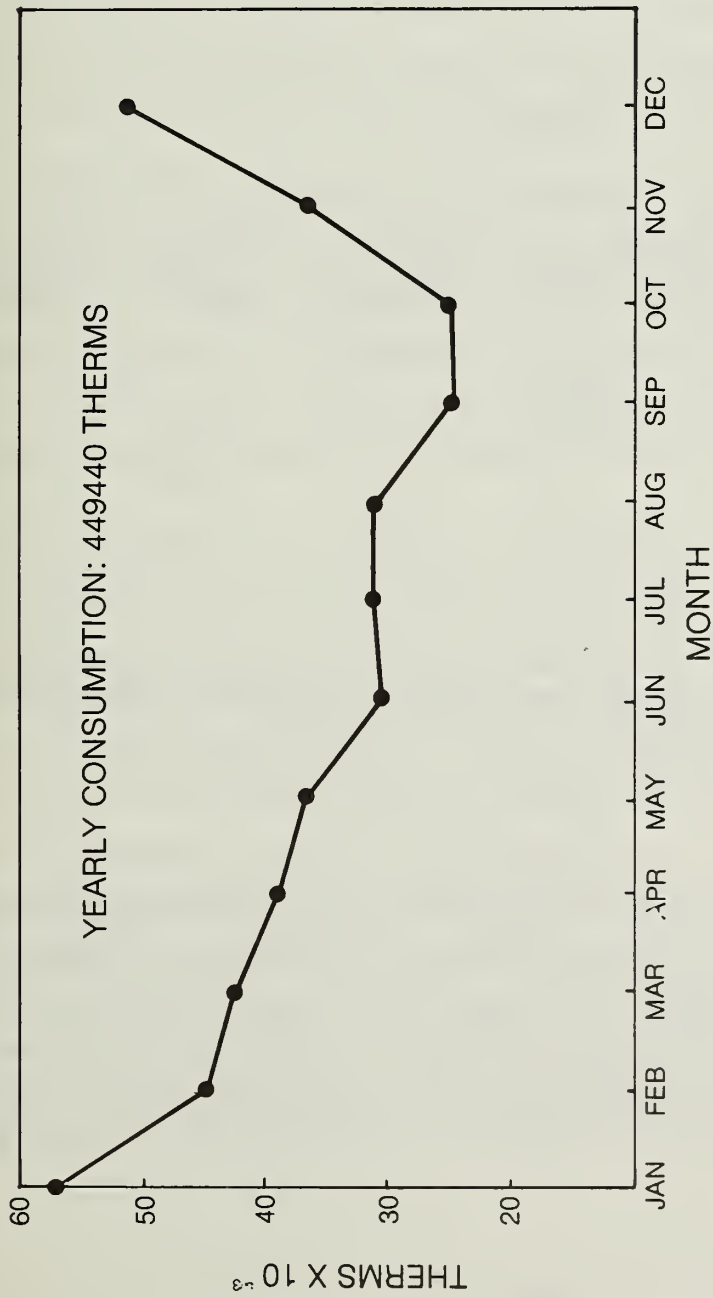
PROJECTED YEARLY ELECTRICITY CONSUMPTION

FIGURE 39



PROJECTED NATURAL GAS CONSUMPTION

FIGURE 40



Project-related transportation would cause additional, off-site energy consumption. For the project trip generation described in the Transportation section, pages 82 and 83, project-related trips would require gasoline, diesel fuel, and electricity annually as indicated in Table 6 below. These figures were calculated based on data contained in the Downtown Plan EIR. The total annual transportation energy demand, converted with at-source factors to a common thermal energy unit, would be about 6.4 billion Btu, the energy equivalent of 1,071 barrels of oil. This projected use is based upon the mix of highway vehicles in California in 1987. Vehicle fuel use is expected to decrease as the vehicle fleet becomes more efficient and fuel more expensive.

TABLE 6
PROJECT RELATED ANNUAL TRANSPORTATION ENERGY CONSUMPTION ¹

	<u>Electricity</u> <u>(kilowatt hours)</u>	<u>Gasoline</u> <u>(gallons)</u>	<u>Diesel</u> <u>(gallons)</u>	<u>Total BTU</u> <u>(millions)</u>
Auto/Taxi/Jitney/Motorcycle	--	43,000	--	6,000
BART	61,000	--	--	630
Muni Electric	50,000	--	--	500
Regional Bus Systems	--	--	1,700	270
SPRR	--	--	3,100	500
Project Total	111,000	43,000	4,800	7,900

¹The methods used to calculate these figures are described in detail in the Downtown Plan EIR, EE81.3, certified October 18, 1984, Appendix N. The data used is contained in the transportation section of this report.

In the Energy Policy Component of the Environmental Protection Element of the Master Plan, Policy 4 under Objective 2 states that development should "encourage use of energy conserving appliances and lighting systems." To respond to Policy 4 of this objective, the project sponsor would install appliances complying with State Efficiency Regulations (Title 20, Chapter 2, California Administrative Code). The project also would respond to Policy 1 under Objective 4, to "increase the use of transportation alternatives to the

automobile." The project would be adjacent to public transit on Divisadero, Masonic and Geary Streets and Kaiser has recently re-emphasized a Transportation System Management Plan designed to promote transit and carpool/vanpool use.

Projections of electrical use for growth that would occur under the Downtown Plan, as analyzed in the Downtown Plan EIR, indicate an increase of about 210 million kWh of electricity per year between 1984 and 1990 as a result of all new development occurring in the C-3 District.^{8,9} From the period 1984 to 2000, electrical consumption rates would increase by about 330 to 350 million kWh per year, or about 120 to 140 million kWh per year more than between 1984 and 1990.^{8,10} Electric requirements for development that would occur with the alternatives analyzed in the Downtown Plan EIR would increase between 300 through 500 million kWh per year between 1984 and 2000.¹¹

Based on the growth estimates contained in the Downtown Plan EIR, between 1984 and 2000 gas consumption will grow by 470 million cu. ft. (about five million therms) per year, of which 210 cu. ft. (about two million therms) per year, would be for office uses.^{8,9} Natural gas requirements for development that would occur with the alternatives analyzed in the Downtown Plan EIR would increase between 580 and 810 million cu. ft. (about six to nine million therms) per year between 1984 and 2000.¹¹

PG&E, in examining its ten-year load growth projections for San Francisco, believes that growth rates of net new office space in the downtown will diminish from the historic figure of 1.5 million sq. ft. per year to between 1 million and 1.2 million sq. ft. per year.¹² Total increased energy demand over the next decade would be approximately 200 million kWh of electricity per year. The PG&E total projection cannot be compared to the projections in the Downtown Plan EIR because they cover different time periods.¹³

A comparison of the Downtown Plan and PG&E estimates of electricity use between 1990 and 2000 in downtown San Francisco is being prepared by PG&E, to be released in a report later this year. PG&E plans to meet increased San Francisco energy demands to the year 2000 are on pages IV.G.13-14 of the Downtown Plan EIR, which are hereby incorporated by reference. In summary that material indicates the demand increases in electricity would be met from nuclear sources, oil and gas facilities, hydroelectric and geothermal

facilities, and other sources such as cogeneration, wind and imports. PG&E plans to continue receiving most of its natural gas from Canada and Texas under long-term contracts.

¹Pacific Gas and Electric Company, 1981 Annual Report, San Francisco, California, 1982.

²Pacific Gas and Electric Company, 1980 Annual Report, San Francisco, California, 1981.

³Existing energy use estimates were provided by Herman Weihl, Kaiser Permanente, telephone communication, February 25, 1985.

⁴The British thermal unit (Btu) is the quantity of heat required to raise the temperature of one pound of water one degree Fahrenheit at sea level. The term "at-source" means that adjustments have been made in the calculation of the thermal energy equivalent (Btu) for losses in energy that occur during generation, transmission, and distribution of the various energy forms as specified in: ERCDC, Energy Conservation Design Manual for New Non-Residential Buildings, Energy Conservation and Development Commission, Sacramento, California, 1977, and J.A. Apostolos, W.R. Shoemaker, and E.C. Shirley, Energy and Transportation Systems, California Department of Transportation, Sacramento, California, Project #20-7, Task 8.

⁵Hannon, B. et al, 1978, "Energy and Labor in the Construction Sector," Science 202:837-847.

⁶State of California Energy Resources Conservation and Development Commission, Conservation Division, Energy Conservation Design Manual for New Nonresidential Buildings, 1984.

⁷San Francisco Department of City Planning, Downtown Plan Environmental Impact Report (EIR), EE81.3, certified October 18, 1984, Vol. 1, page IV.6.3.

⁸Downtown Plan EIR, pp. IV.G.1-IV.G.17.

⁹Energy consumption factors of 18 kwh sq. ft./year and 11 cu. ft./year (about 12,100 BTU) are based on unpublished data of actual building consumption rates supplied by David Rubin, Department of City Planning, personal communication, April 1984 and include base power consumption of the building core (uses covered by Title 24) and power demands of electric office machines (uses not covered by Title 24).

¹⁰The Downtown Plan EIR uses a consumption rate factor of 18 kwh/square foot/year from 1984-1990 and 16 kwh/square foot/year from 1990-2000. These different factors are due

to Title 24 revisions to reduce building energy budgets. These new standards would be reflected by lower electrical consumption in buildings occupied after 1990.

¹¹Downtown Plan EIR, pages VII.G.1-VII.G.4.

¹²Ken Austin, Commercial-Industrial Marketing Supervisor, Pacific Gas and Electric Company, letter of March 23, 1984. This letter is available for public review at the Department of City Planning, Office of Environmental Review, 450 McAllister St., 5th Floor, San Francisco.

¹³PG&E's analysis of a typical office building yielded an annual consumption of about 17 kwh per sq. ft. per year, which agrees with the City's estimate within the limits of estimation methodology.

V. MITIGATION MEASURES THAT WOULD MINIMIZE THE POTENTIAL IMPACTS OF THE PROJECT

In the course of project planning and design, measures have been identified that would reduce or eliminate potential environmental impacts of the proposed project. Some of these measures have been, or could be, adopted by the project sponsor or project architects and contractors and some may be implemented by public agencies. Mitigation measures included as part of the project and presented in the Initial Study are reproduced below. The City Planning Commission could require that some, or all, of these measures be included as conditions of project approval.

Each mitigation measure, including its status, is discussed below.

A. TRANSPORTATION

MITIGATION MEASURE INCLUDED AS PART OF PROJECT

In response to the existing parking shortfall and anticipated effects of the proposed project, the Medical Center is committed to a comprehensive Transportation System Management (TSM) program. The program has been implemented, and will continue beyond completion of the proposed Hospital expansion. Kaiser will also work with other institutions and major employers in San Francisco to pursue joint programs aimed at reducing cumulative transportation impacts.

The Medical Center wants to continue developing the TSM program to improve alternatives to the single-occupant auto, thereby reducing traffic congestion and parking demand. The complete TSM program is a comprehensive set of strategies and policies to be carried out by the Medical Center. The basic program is summarized as follows:

1. Administration

The Medical Center's full-time transportation coordinator (hired in 1984) would continue to be responsible for implementing the TSM program. The coordinator would work jointly with other institutions in San Francisco, and be responsible for all of the administrative, marketing and monitoring functions outlined in the program. It should be noted that other programs involving ridesharing, marketing and employee incentives have already been pursued by the Medical Center.

2. Ridesharing

Ridesharing matching applications will be periodically distributed for all employees. Through orientation meetings, all new employees will be personally contacted and apprised of the ridesharing program. The Medical Center will coordinate its efforts with RIDES and other San Francisco institutions to effect more widespread use of ridesharing.

3. Muni and Other Transit Improvements

The Medical Center will coordinate with Muni to enhance transit usage by selling Fast Passes on-site. In addition, the Center will assist in efforts to expand peak-hour Muni express service linking the Medical Center with the downtown Transbay Terminal and peak-hour crosstown express service from the outer Mission District.

The Medical Center will also participate in planning meetings for potential route changes proposed by Golden Gate Transit and/or assist coordination efforts between Golden Gate and Muni services.

4. Parking Management

The Medical Center will continue preferential parking incentives for carpool and vanpool vehicles and pricing disincentives for other employee vehicles. Consolidation of existing off-campus parking into the new garage will occur as existing leases on off-campus parking lots expire.

5. Marketing and Employee Incentives

The following marketing and employee incentive measures will be implemented by the Center's transportation coordinator:

- o provide orientation briefings for new employees
- o establish a transportation center where transit and ridesharing information will be available
- o maintain continuing publicity as well as special promotions
- o seek reduced price Muni Fast Passes and sell the passes onsite
- o provide preferential free parking for carpools and vanpools.

6. Program Monitoring

To effectively monitor the TSM program, the Center will:

- o conduct an updated employee travel survey in 1987, identifying current transportation characteristics
- o conduct another employee travel survey in 1987 to establish the effectiveness of the TSM program
- o maintain records of carpool and vanpool information, sale of transit passes, parking usage and so forth.

The program will be conducted in accordance with Guidelines set forth in the Department of City Planning's publication, *Developers' Manual for the Implementation of Transportation Broker Services and Transportation Conditions*, (April 1, 1986), including annual status, evaluation and goal proposal review by the City.

B. NOISE

MITIGATION MEASURES INCLUDED AS PART OF PROJECT

With respect to construction noise levels, the sponsor would require that trucks accessing the Hospital site enter and exit via Geary Boulevard or St. Joseph's Avenue, and, to the extent possible, not use O'Farrell Street. Similarly, trucks accessing the parking structure site would be required to enter and exit on Geary and, to the extent possible, not use O'Farrell. In addition, all concrete-pumping trucks and other stationary noise sources would be located on the Geary Boulevard side of the construction.

V. Mitigation Measures That Would Minimize the Potential Impacts of the Project

To the extent possible, the existing Hospital wall would remain during construction of the north wing to serve as a sound barrier. Prior to foundation excavation, a 10-foot high plywood fence would be erected around the construction site. This fence could reduce ground level construction site noise by 10 to 15 dBA, and shield the surrounding area from the noise of portable generators, air compressors, concrete pumpers and earth moving equipment.

During renovation of the existing hospital, an interior wall covered with sheetrock would be constructed around the area to be renovated to serve as a noise barrier. The contractor would be required to notify hospital staff in the immediate area prior to use of any equipment that could result in excessive, annoying noise to the patients. Staff would have the authority to halt construction and require the contractor to reschedule at a later time.

With respect to construction noise, the contractor would be required to isolate excessive noise sources to the extent possible and arrange operation of equipment in intermittent work schedules to break up the effect of constant, annoying noise. When necessary, hospital staff would issue ear plugs to patients to reduce noise effects. If noise is determined to be excessive and detrimental to the patients' health, patients would be moved to another location within the Hospital. If patients could not be accommodated within the Hospital, they would be moved to another Kaiser facility or, if necessary, to another hospital within San Francisco.

During demolition of the EZ Storage building, a concrete saw would be used in lieu of jackhammers to take down the wall facing the existing apartment building. The concrete saw generates a higher frequency noise that would be more effectively muffled by the existing apartment building wall. Additionally, it would be a more continuous, less annoying noise as opposed to the repetitive noise generated by the jackhammers.

The Hospital currently uses trash dumpsters located on O'Farrell Street to remove materials from various remodeling activities within the Hospital. Because of traffic problems, Sunset Scavenger Company has chosen to empty these dumpsters in the middle of the night. Since dumpsters would be used to remove debris during construction of the

V. Mitigation Measures That Would Minimize the Potential Impacts of the Project

proposed north wing and parking structure, the sponsor would relocate the dumpsters to the construction site and construction contracts would specify daytime pickup.

C. AIR QUALITY

MITIGATION MEASURE INCLUDED AS PART OF PROJECT

The project sponsor would require the contractor to implement a twice-daily watering program, which would reduce the likelihood of airborne construction dust and particulates exceeding state and federal standards. An effective watering program (complete coverage twice daily) can reduce emissions by about 50%. Adjacent streets would be mechanically swept by the demolition and excavation contractors so that silt would not be washed into the storm drains and dust would be removed.

D. HAZARDS

MITIGATION MEASURE INCLUDED AS PART OF PROJECT

An evacuation and emergency response plan would be developed by the project sponsor or building management staff, in consultation with the Mayor's Office of Emergency Services, to ensure coordination between the City's emergency planning activities and the project's plan to provide for building occupants in the event of an emergency. The project's plan would be reviewed by the Office of Emergency Services and implemented by building management insofar as feasible before issuance of final building permits by the Department of Public Works.

E. ARCHITECTURAL AND HISTORIC RESOURCES

MITIGATION MEASURE INCLUDED AS PART OF PROJECT

Prior to issuance of a site permit, the project sponsor shall retain an historical archaeologist (or other qualified expert) to perform archival research and site inspection to determine the potential for discovery of cultural or historic artifacts on the site (including human burial remains). Results of this investigation, and a plan for any further investigation that may be appropriate, shall be reported to the Environmental Review Officer (ERO).

V. Mitigation Measures That Would Minimize the Potential Impacts of the Project

The ERO, in consultation with the Secretary to the Landmarks Preservation Advisory Board and the archaeologist, shall determine whether the archaeologist should instruct all excavation and foundation crews on the project site of the potential for discovery of cultural or historic artifacts, and the procedures to be followed if such artifacts are uncovered.

In the event of high probability of discovery of cultural or historical artifacts, the ERO may require that an archaeologist be present during site excavation and record a daily log of observations. The ERO may also require cooperation of the project sponsor in assisting such further investigations onsite as may be appropriate prior to or during project excavation, even if this results in a delay in excavation activities.

Should cultural or historic artifacts be found during project excavation, the archaeologist would assess the significance of the find, and immediately report to the ERO and the President of the Landmarks Preservation Advisory Board.

The ERO would then recommend specific mitigation measures, if necessary, in consultation with the State Office of Historic Preservation. Excavation or construction, which might damage the discovered cultural resources would be suspended for a maximum of four weeks to permit inspection, recommendation and retrieval, if appropriate. This maximum of four weeks shall include any other time periods for which the ERO has required a delay in excavation activities.

F. ENERGY

The project would be designed to comply with, or exceed the requirements of Title 24 of the California Administrative Code and all state and local building and energy conservation codes that do not conflict with hospital health and safety codes. A number of energy conservation features are being planned. These include: variable air volume ventilation in non-critical areas, integrated chilled water systems for the entire hospital, two-way control valves on chilled water systems, varying pump operation in accordance with demand and fresh air cooling. Life cycle cost analyses will be performed for these systems. A letter explaining the choices and the technical basis for the decisions

V. Mitigation Measures That Would Minimize the Potential Impacts of the Project

concerning energy conservation features to be included in the project will be supplied to the Public Utilities Commission, Bureau of Energy Conservation prior to applying for the building permit.

VI. SIGNIFICANT ENVIRONMENTAL EFFECTS THAT CANNOT BE AVOIDED IF THE PROPOSED PROJECT IS IMPLEMENTED

In accordance with Section 21002.1 of the California Environmental Quality Act (CEQA), and with Sections 15064 and 15091 of the State EIR Guidelines, the purpose of this chapter is to identify impacts that could not be eliminated or reduced to an insignificant level by mitigation measures included as part of the proposed project, or by other mitigation measures that could be implemented, as described in Chapter V., Mitigation Measures, page 110.

With the mitigation measures included in the project or available for inclusion, traffic and parking impacts resulting from the project would not cause a substantial, or potentially substantial adverse change in the environment. Therefore, there would be no significant environmental effects resulting from the project that cannot be avoided if the project is implemented.

The findings of significant impacts are subject to final determination by the City Planning Commission as part of its certification process. This chapter in the Final EIR will be revised, if necessary, to reflect the Commissions's findings.

VII. ALTERNATIVES TO THE PROPOSED PROJECT

A. NO-PROJECT ALTERNATIVE

This alternative would entail no change to the main hospital site or in the supply of parking. With the retention of the project sites in their present state, none of the environmental impacts associated with development would occur. The existing visual effects of the sites would remain unchanged. Current levels of noise, air pollution and energy consumption would not change as a result of the project. The parking supply would eventually decrease as Kaiser's existing leases on parking spaces expire. Anticipated increases in Kaiser membership are expected to exacerbate the existing parking demand.

The project sponsor has rejected this alternative because none of the development objectives would be met. Without the north wing addition, Kaiser Health Services would continue to experience space shortage. Plans for consolidating and renovating related departments to correct long-standing service deficiencies would not be fulfilled by this alternative. Accessibility for disabled patients and pedestrian circulation in general would remain inconvenient. Without the parking garage, Kaiser Health Plan members and employees would continue to find parking in short supply and congestion on neighborhood streets caused by Kaiser's parking demand would not be alleviated. Because the no-project alternative provides no solutions to Kaiser's needs and achieves none of its objectives, the project sponsor has rejected it.

B. ALTERNATIVE SITE FOR NORTH WING

This alternative would involve constructing the North Wing on a new site off-campus. The building, however, would not be able to house all the medical facilities currently planned for the proposed project. For instance, it would not be possible to separate the surgery department from the main hospital. A specific location for this alternative has not been identified, therefore, a project description would be tenuous.

Although there are some departments of a hospital that could stand alone (i.e., storage, accounting), in general, a hospital consists of departments that are linked by service and function, such as radiology and surgery or laboratory services and hemodialysis. Dispersion of facilities rather than consolidation would not allow the project sponsor to achieve the desired goals of improved efficiency and responsiveness of the hospital and improved access and internal circulation.

Construction of additional hospital or medical office space on a site removed from the main campus would prevent additional traffic, visual quality and noise impacts on the surrounding neighborhood. Similar impacts would occur at the site of the new facility, however. Furthermore, traffic impacts are likely to increase at both sites as physicians and patients travel from hospital to medical office and vice versa. In addition, internal impacts of this alternative would be significant. Some duplication of departments and offices would be necessary, whether the institution would be divided into a hospital at one site and medical offices at another, or whether the existing hospital/medical office would be augmented by a stand-alone clinic elsewhere. Duplicated departments might include the pharmacy, hematology and chemistry laboratories, radiology, orthopedics, ophthalmology, and other out-patient services. The institution might also require dual cafeterias, switchboards and accounting departments.

This alternative was rejected because of the financial and operational ramifications of a split facility. This alternative was also rejected because the potential for finding an available site of adequate size within San Francisco was found to be impossible and the cost considerations were found to be infeasible.

C. SMALLER NORTH WING STRUCTURE

This alternative would include construction of a north wing similar in shape and building materials to that of the proposed project, but one that would be 50% smaller than originally proposed. The three top floors would be left out of the alternative design and each constructed floor would have a lesser square footage than originally proposed. Total floor area of the alternative north wing structure would be 63,325 gsf. The 7,385 gsf fourth floor would be constructed on the east wing of the hospital. As originally proposed the renovation of 50,000 square feet of existing hospital space would also occur. Parking garage construction would be the same as for the proposed project.

VII. Alternatives to the Proposed Project

Visual quality, transportation, energy, air quality, noise and all other impacts associated with the parking garage would remain the same as those outlined for the proposed project.

The parking garage, under this alternative, would have the same amount of commercial space and employee generation as that of the proposed project. However, the north wing space would be reduced by half. These two elements of the alternative plan would combine to cause a 30% reduction in employment and transportation impacts from the proposed project. The alternative would generate approximately 28 peak-hour trips and would add less than 1% to the Geary Boulevard/Divisadero Street intersection traffic. This does not represent a significant change from the proposed project's impacts, given the current conditions in the area. Employee parking demand would decrease by 30%, relative to the proposed project, reducing the need for parking spaces from 625 to 592. This is a 4% reduction from the total and also represents a minor change from the impacts identified for the proposed project. Required parking would decrease by 26 spaces. As a result the FAR for the garage would increase from 0.78:1 to 1.05:1.

In Alternative C, the north wing addition would be similar in bulk, architectural styling, color and use of materials, to that of the proposed project. A reduction in the height of the addition for this alternative would decrease the amount of view interference and blockage from the existing medical facility's lower floors and residential units which front on O'Farrell Street.

Energy consumption for the reduced north wing addition would be reduced approximately 50% from the consumption level of the proposed project. Kaiser Hospital would expend a projected 34 billion Btu, or approximately 22% less than the annual energy consumption of the proposed total future facility. Construction noise impacts would be reduced because 50% less building construction would occur on the north wing. Operational noise and air quality impacts would be reduced about 30% from the projected levels because of the reduction in automobile trip generation.

A smaller structure for the North Wing was examined by the project sponsor and rejected because no department within the hospital could be reduced without a loss in the level of required health care services. The proposed north wing structure is intended to house critical and intensive-care units, surgery and associated holding and post-operative rooms,

and the respiratory therapy department. The building, as designed, meets the basic needs of the increased health care membership of Kaiser. Any reduction in the size of the building would result in inadequate services.

D. PARKING GARAGE WITHOUT SINAI SITE: MAXIMUM COMMERCIAL SPACE

This scheme would involve only the EZ Storage site, a lot containing 25,200 square feet (Figures 41 and 42, pages 122 and 123). The structure would rise to eight levels or approximately 72 feet and would contain a total of 167,461 gross square feet. The total includes 436 parking spaces and 10,700 square feet of commercial (administrative office and storage) space. This alternative would comply with applicable height and bulk limits but would have an FAR of 0.4:1.

Under this alternative, the north wing addition and hospital renovation would be the same as that for the proposed project; in addition, the parking garage construction would be the same height and of the same materials as the proposed garage. However, the alternative garage would occupy only one lot instead of two, which would reduce the garage's space by approximately 50%.

The most significant difference in impacts between the proposed project's parking garage and this alternative plan would be the level of parking demand in the neighborhood. Vehicles currently parked on-street, and demand generated by the north wing addition would require approximately 625 parking spaces (see page 93). This alternative would provide space for only 48% of the cars needing parking.

Most other impacts associated with the alternative garage would remain the same as those identified for the proposed project; however, visual quality, energy and noise impacts would be somewhat reduced.

From O'Farrell Street visual quality impacts associated with the alternative parking garage would be similar to those outlined in this report because architectural styling, materials and color would be similar to that of the proposed project. However, although the alternative structure would be the same height as the proposed garage, the alternative garage would occupy approximately 50% less space. Only the EZ Storage building site would be occupied under Alternative D, leaving the Sinai Memorial Chapel surface parking lot unoccupied.

SITE PLAN: PARKING GARAGE, ALTERNATIVE D

FIGURE 41

SOURCE: INTERPARK

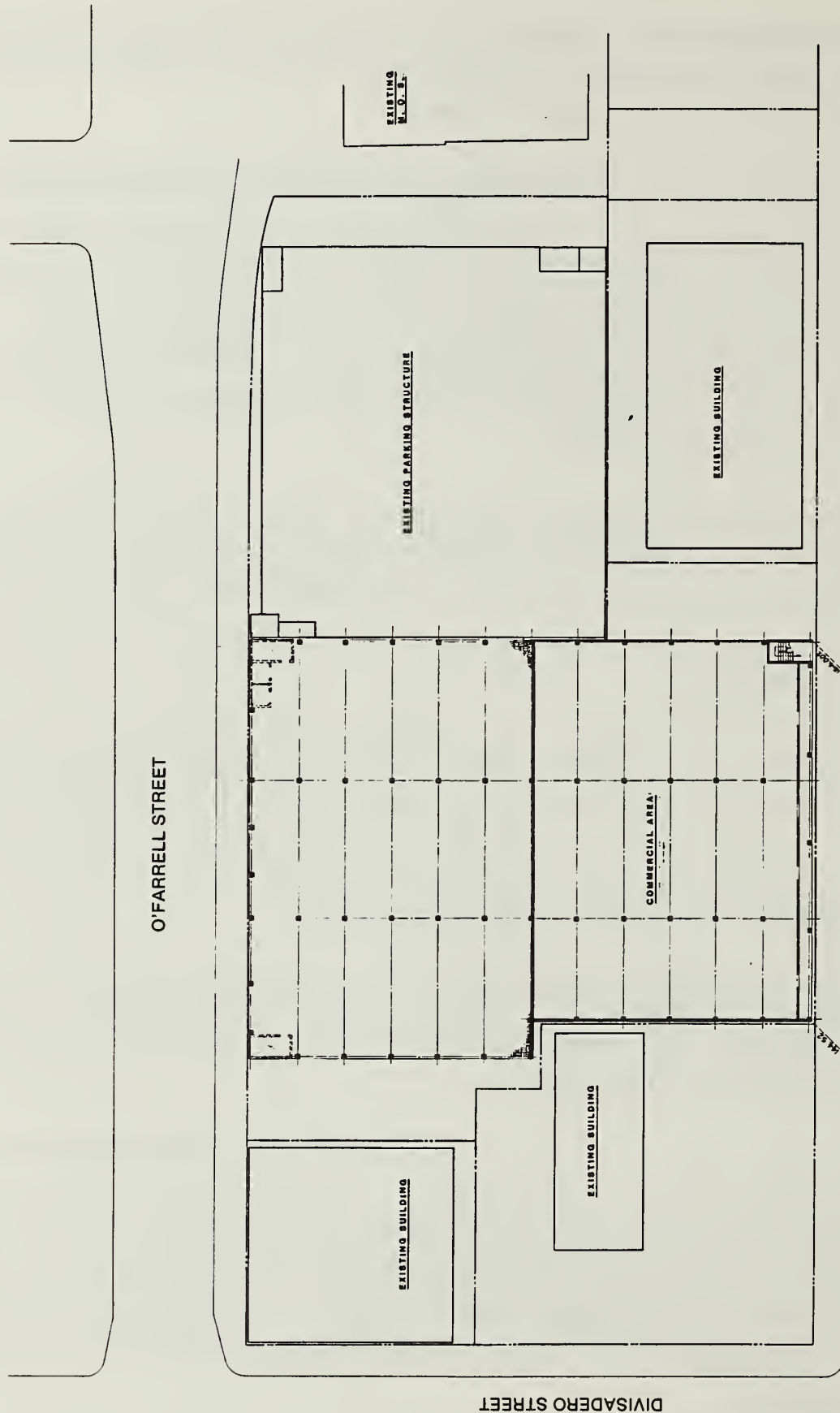
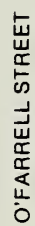


FIGURE 42

SOURCE: INTERPARK



DIVISADERO STREET

PEARY BLVD.

The mass of the parking structure would be similar to that of the EZ Storage building. There would be no increase in mass on the Geary Boulevard side as with the proposed parking structure.

Energy use associated with the garage would be reduced by approximately 50%, thereby saving about 2.4 billion Btu/year or about 1.5% of the entire facility's annual energy requirements. Construction noise impacts associated with the garage development would last about half as long as those of the proposed project due to the reduction in lot area. This smaller garage site area would require about 50% less excavation and site preparation than would the proposed garage.

The project sponsor has rejected this alternative because Kaiser believes that it provides an insufficient number of parking spaces.

E. REDUCED PARKING GARAGE

For this alternative, the building would have the same footprint as the proposed garage structure but would include only four floors. The structure would rise approximately 35 feet at its highest point. At 152,828 gsf, it would have an FAR of 0:5.1. It would contain a total of 308 parking spaces and 20,001 gsf of ground- and first-floor commercial uses. Visual quality, transportation, energy, air quality, noise and all other impacts attributable to the hospital's north wing addition would remain the same.

The most significant difference in impacts between the proposed project's parking garage and this alternative plan would be the extent of which it alleviates Kaiser's current high demand for on-street parking in the neighborhood. This EIR states that the employee and patient vehicles currently parked on streets and demand generated by future expansions will require approximately 625 parking spaces. This alternative would provide space for only 49% of the cars needing parking.

Because of the reduction in height, view interference to the east from Geary Boulevard and O'Farrell Street would be reduced. The roofline would no longer appear to be contiguous with the existing parking garage due to the reduction in height. However, this reduced height would result in a more compatible transition between the lower neighborhood residential buildings and the existing major structures.

Architectural style, color and use of materials would be similar to that of the proposed project.

Most other impacts associated with the alternative garage would remain the same as those identified for the proposed project; however, energy and noise impacts would be somewhat reduced. After excavation, grading and other site preparation activities are complete, noise impacts would last approximately half as long as those of the proposed garage. Energy use associated with the garage would also be reduced by approximately half, thereby saving about 4.8 billion Btu/year or about 3% of the entire facility's energy requirements.

The project sponsor has rejected this alternative because Kaiser believes that it provides an insufficient number of parking spaces. Although the alternative parking structure could provide space for additional employee and visitor vehicles associated with the north wing expansion, Alternative E would not alleviate the current high demand for on-street parking from current employees and patients.

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Jerry Tone, Loan Officer
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475 Sansome Street, 19th Floor
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Kathy Van Velsor
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San Francisco, CA 94114

Stephen Weicker
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San Francisco, CA 94108

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Council of Community Housing
Organizations
409 Clayton St.
San Francisco, CA 94117

Eunice Willette
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San Francisco, CA 94124

Bethea Wilson & Associates
Art in Architecture
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San Francisco, CA 94115

Marie Zeller
Whisler-Patri
P.O. Box 7054
San Francisco, CA 94120-7054

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48 Terra Vista #2
San Francisco, CA 94115

Linda A. Jue
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San Francisco, CA 94115

Quirino V. Arzaga, Pres.
Arzaga Enterprises Inc.
1950 Anza Street
San Francisco, CA 94115

Polly B. Arzaga, Pres.
Filipino American Women's Political
Action League
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San Francisco, CA 94115

Ricardo S. Morada, Exec. Asst.
Philippine News
P.O. Box 2767
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Joe O'Donohue
25 Garden
San Francisco, Ca 94115

Gregory Bell
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San Francisco, CA 94115

Timothy Smyth
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ADJACENT PROPERTY OWNERS

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1030 Baker Street
San Francisco, CA 94115

Rudolph Grunsfeld
70 Nido Ave.
San Francisco, CA 94115

Homeowners Association
c/o Timothy Smyth
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San Francisco, CA 94115

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Chevra Kadisha
Sinai Memorial
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San Francisco, CA 94115

Christ Bearers
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San Francisco, CA 94115

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San Francisco, CA 94122

Aidan O'Sullivan
1567 18th Avenue
San Francisco, Ca 94122

Colm & Julie Healy
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San Francisco, CA 94115

Baby L. William
2270 Geary
San Francisco, CA 94115

Theodore & Thomas Eden
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San Francisco, CA 94111

Theodore & Thomas Eden
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Millbrae, CA 94030

Joseph McGovern
2601 Turk Street
San Francisco, CA 94118

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3709 Kenwood Ave.
San Mateo, CA 94403

Guinnane Construction Co.
1277 Ulloa
San Francisco, CA 94116

Oscar & Ismay Daniels
1596 9th Avenue
San Francisco, CA 94122

Frank J. Annicelli
354 Arguello Blvd.
San Francisco, CA 94118

Ray & R. Simnegar
2306 Geary Blvd.
San Francisco, CA 94115

Paul & Alice Wong
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San Francisco, CA 94115

Richard & Jean Cheung
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San Francisco, Ca 94108

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San Francisco, CA 94111

Naismith Dental Corp.
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Oakland, CA 94611

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Howard Harrison
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San Francisco, CA 94115

Aik U. Kaw
c/o American College of
Chinese Medicine
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San Francisco, CA 94115

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Leon Waki
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San Francisco, CA 94115

Francisco Centurion
Warren Jacob
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San Rafael, CA 94903

Reginald & Barbara Becker
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San Francisco, CA 94133

Edmund & Nora Chiu
Ken & Amy Hum Chan
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San Francisco, CA 94121

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Healdsburg, CA 95448

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San Francisco, CA 94115

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San Francisco, CA 94118

R. & Olga Delcurto
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San Francisco, CA 94118

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James Delameter
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Founders Title Co.
c/o Robin Gurland
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San Francisco, Ca 94104

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Sears Roebuck & Co.
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Alhambra, CA 91802

Leased Stations, Inc.
3350 Wilshire Blvd.
Los Angeles, CA 90005

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118 Terra Vista Ave.
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Lawrence & Pearl Jue
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San Francisco, Ca 94133

Pearl Frieman
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San Francisco, CA 94115

Willette and Nanette Louie
176 Terra Vista
San Francisco, CA 94115

David Devincenzi
182 Terra Vista
San Francisco, CA 94115

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Curtis & Kiyoko Richards
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San Francisco, CA 94115

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Zelko & Renee Simoni
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NEIGHBORHOOD ORGANIZATIONS IN THE VICINITY OF KAISER HOSPITAL

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77 Terra Vista
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Attn: Fred Wagner

ANZA VISTA ASSOCIATION
M. David Thier, M.D., President
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BEIDEMAN AREA NEIGHBORHOOD GROUP
Noni Richen, Chairperson
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FILLMORE MERCHANTS & IMPROVEMENT ASSOCIATION
Ms. Mildred Burrell, President
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GREATER DIVISADERO BUSINESS ASSOCIATION
Mr. Allen Simpson, President
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GREATER GEARY BLVD. MERCHANTS &
PROPERTY OWNERS ASSOCIATION, INC.
Ms. Enid Berger, President
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San Francisco, CA 94121

JORDAN PARK IMPROVEMENT ASSOCIATION
Mrs. Irene Young, President
64 Parker Avenue
San Francisco, CA 94118

LAUREL HEIGHTS IMPROVEMENT ASSOCIATION
Mr. George M. Carr, President
63 Lupine Avenue
San Francisco, CA 94118

LAUREL VILLAGE MERCHANTS ASSOCIATION
Ms. Anita L. Erwin, President
3431 California Street
San Francisco, CA 94118

FINAL INITIAL STUDY

NORTH WING ADDITION, KAISER FOUNDATION HOSPITAL PARKING STRUCTURE, KAISER-PERMANENTE SAN FRANCISCO MEDICAL CENTER

83.433E

July 20, 1984

I. PROJECT DESCRIPTION

The project sponsor, Kaiser Foundation Hospital, intends to rehabilitate 50,000 gross square feet (gsf) of the existing eight-story, 202,400-square-foot hospital building and to construct a new six-story, 126,700 gsf north wing addition to the main hospital building. As part of the north wing project, a 2,700-gross-square-foot fourth floor would be constructed on the east wing (O'Farrell Street side) of the existing hospital. The new northern addition would be on the southwest side of St. Joseph's Avenue between Geary Boulevard and O'Farrell Street. The project site is located on Lot 5 of Assessor's Block 1095 (see Figure 1, page 2). The main entrance to the hospital would be relocated to the new north wing with access from St. Joseph's Avenue.

The mass of the north wing addition would rise six stories above St. Joseph's Avenue (72 feet to the roofline) and would be lower than the existing hospital (80 feet). However, an elevator tower, providing access to all floors of the north wing and the existing hospital, would rise to a height of 96 feet, which would be 15 feet, 6 inches above the existing roofline of the hospital's seventh floor (see Figure 2, page 3). In addition, the potential for locating a telecommunications dish antenna, six feet in diameter, 20 feet above the north wing addition roof is being investigated.

To improve the appearance of the pedestrian environment, trees, shrubs and groundcover plants would be planted in the area of the north wing addition's main entry along St. Joseph's Avenue. Decorative, drought-resistant shrubs would be provided in rooftop planters to help shield mechanical equipment when viewed from higher elevations.

The proposed north wing addition would extend hospital building construction on the block down to the west margin of St. Joseph's Avenue, where a 44-space surface parking lot is presently located. (The project would displace 24 of the 44 spaces.)

SITE LOCATION MAP

1

PROPOSED PROJECTS

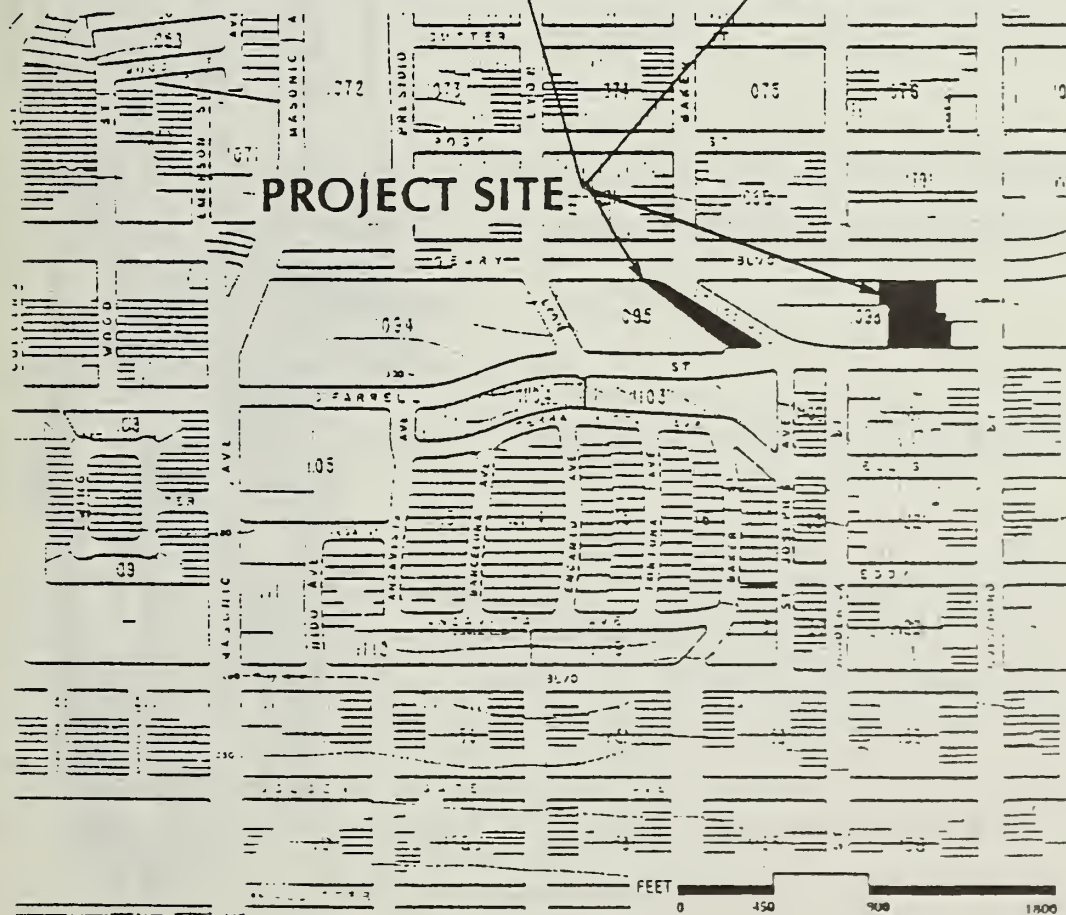
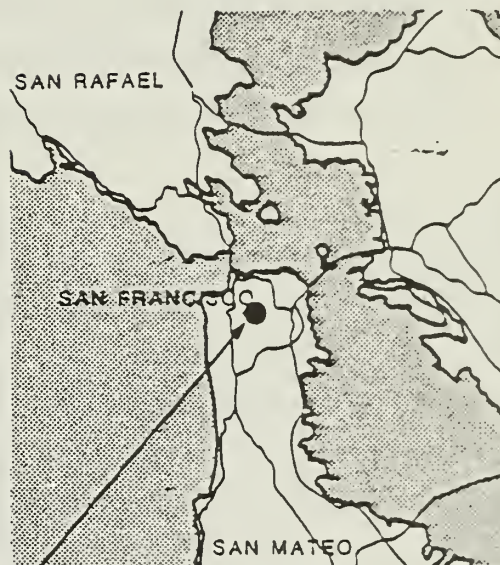
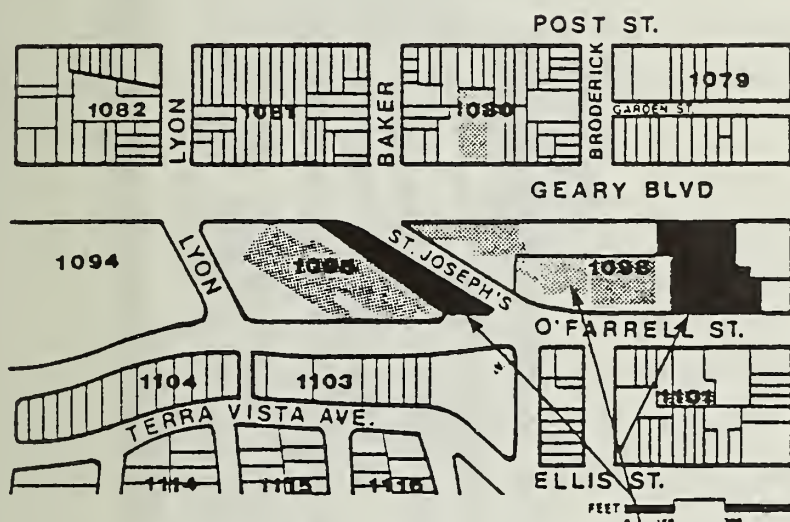


EXISTING KAISER-PERMANENTE
SAN FRANCISCO MEDICAL CENTER FACILITIES

BLOCK NUMBERS 1094

LOT NUMBERS (5)

SOURCE: EIP CORPORATION



BUILDING PERSPECTIVE OF NORTH WING ADDITION

2

SOURCE: HOSPITAL BUILDING AND EQUIPMENT COMPANY

FEET 0 16 32 64



In addition, the project sponsor proposes to build a parking structure between St. Joseph's Avenue and Divisadero Street on Assessor's Block, 1098, Lots 12, 35, and 39, fronting both Geary Boulevard and O'Farrell Street (see Figure 1, page 2). Lots 12 and 35 currently contain the three-story, 25,200-square-foot EZ Storage building; Lot 39 is currently used as a 35-space, surface parking lot for the Mount Sinai Memorial Chapel. Definitive plans for the parking structure are currently being studied; however, preliminary indications are that the structure would accommodate between 800 and 1,000 parking spaces with both Geary and O'Farrell Street access and would be approximately 105 feet high.

Both the north wing addition and parking structure sites are within a C-2 (Community Business) District where principal permitted uses are offices and commercial establishments. The applicable height and bulk district is 105-E, which allows a building height of 105 feet and a maximum 110-foot length and 140-foot diagonal dimension above 65 feet in height. The basic floor area ratio (FAR) allowed in a C-2 district is 3.6:1; the project's north wing proposed FAR is 3.1:1. The FAR for the parking structure is unknown at this time. Both projects would conform to existing height limitations. The north wing addition would not conform to existing bulk limits; bulk dimensions have not been determined for the parking structure.

The north wing is expected to be completed in 24 months; renovation of the hospital would occur over a three-year period. The construction schedule for the parking structure is unknown at this time.

II. SUMMARY OF SIGNIFICANT EFFECTS

Unless otherwise indicated, the "project" refers to both the north wing addition and the parking structure.

The project is examined in this Initial Study to identify its potential effects on the environment. The project could generate impacts that could be considered significant; these will be analyzed in the project's focused environmental impact report (EIR). These potential impacts are energy consumption, traffic, circulation, pedestrian movement and parking. Although the design and other project specifics for the proposed parking structure are undetermined at this time, it is possible, based upon the anticipated building

envelope, capacity, and location of entrances and exists, to determine whether certain environmental impacts generated would be potentially significant or insignificant. Once project specifics have been refined, further environmental analysis will occur.

The following environmental effects were determined either to be insignificant or to have been mitigated to an insignificant level through measures incorporated into the project design. These require no further study and will not be addressed in the EIR:

1. Land Use

The project would not disrupt or alter the physical arrangement or existing character of the vicinity.

2. Visual Quality

The north wing addition would not substantially degrade or obstruct any scenic view or vista now observed from public areas, generate obstrusive light or glare, or have a substantial, demonstrable negative aesthetic effect. Since design of the parking structure is undetermined at this time, visual quality impacts will be analyzed in a subsequent study.

3. Population

The project would not induce substantial growth, displace employees or residents, or create a substantial demand for housing.

4. Transit

The project would not substantially increase transit demand.

5. Noise

Operation of the project would not perceptibly increase noise levels in the project vicinity. Mitigation measures would be incorporated into the project to address potential noise impacts during construction.

6. Air Quality/Climate

The project would not violate any ambient air quality standard, create objectionable odors, or cause a change in climate. Mitigation measures would be incorporated into the project to address potential impacts during construction.

7. Utilities/Public Services

All utilities and public services could serve the project with existing capabilities.

8. Biology

The project sites are already developed. The project would have no effect on plant or animal life on-site or in the surrounding area.

9. Geology/Topography

The project would be constructed under the supervision of California-licensed structural and geotechnical engineers and would comply with all applicable seismic and life safety standards. The project would not significantly alter the topography or any unique geologic or physical site features.

10. Water

The project sites are currently covered with an impervious surface and contain no surface water. The project would not degrade water quality or groundwater, or cause flooding, erosion or siltation.

11. Energy

The project would not encourage activities which would result in the wasteful use of energy.

12. Hazards

The project would not create a potential public health hazard, interfere with emergency response or evacuation plans, or create a substantial fire hazard.

13. Cultural

No significant subsurface resources are expected to be encountered during construction. Mitigation measures would be incorporated into the project to protect any resources that may be present.

III. ENVIRONMENTAL EVALUATION CHECKLIST

A. COMPATIBILITY WITH EXISTING ZONING AND PLANS.	<u>Not Applicable</u>	<u>Discussed</u>
1. Discuss any variances, special authorizations, or changes proposed to the City Planning Code or Zoning Map, if applicable.	_____	<u> X </u>
*2. Discuss any conflicts with the Comprehensive Plan of the City and County of San Francisco, if applicable.	<u> X </u>	_____
*3. Discuss any conflicts with any other adopted environmental plans and goals of the City or Region, if applicable.	<u> X </u>	_____

New hospital construction is subject to approval by the City Planning Commission (CPC) as a Conditional Use in a C-2 district as provided in Section 303 of the Planning Code. The project sponsor would also seek Conditional Use (CU) authorization for the north wing project pursuant to Section 271, for exception to the bulk limit. Pursuant to Section 223(m) and (n) of the Code, the parking structure would require CU authorization if the building "is not completely enclosed", (i.e., without a roof). Since the parking structure is still in a preliminary design stage, it is not known whether CU authorization would be necessary. Public hearings were held on September 15, 1983 and October 20, 1983 on the Medical Center's Institutional Master Plan (IMP). Pursuant to Section 304.5(f), a CU application cannot be heard until six months after the IMP's public hearing date. All required CU authorizations would be heard by the City Planning Commission at one hearing.

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

B. ENVIRONMENTAL EFFECTS

Yes No Discussed

1. Land Use. Could the project:

*a. Disrupt or divide the physical arrangement of an established community?

_____ X X

b. Have any substantial impact upon the existing character of the vicinity?

_____ X X

The properties between O'Farrell Street and Geary Boulevard and along Divisadero are zoned C-2 (Community Business). Areas north of Geary Boulevard and to the south of O'Farrell Street are mostly zoned multi-unit residential (i.e., RH-3, RM-1 and RM-2) and consist primarily of apartment buildings interspersed with single-family dwellings. Land uses along Geary and Divisadero are largely commercial serving the related medical needs of the population using the Kaiser and Mt. Zion medical centers (such as private doctor and dentist offices). Neighborhood services such as restaurants/cafes, cleaners, etc. are generally on ground level.

The hospital and main medical office buildings of the Kaiser-Permanente Medical Center are located on the blocks bounded by Geary, O'Farrell, Lyon and Divisadero Streets. Other medical facilities in the area include Mt. Zion Hospital and Medical Center on Divisadero and Post Streets, the Garden Sullivan Rehabilitation Hospital (Pacific Medical Center) on Geary at Masonic and the California Podiatry Hospital on Scott Street, all within one-half mile of the project site. Renovation and expansion of the hospital facility would be in keeping with these existing medical land uses.

Automobile parking is a common land use in the area, as demand for parking is generated by the major institutions of Kaiser and Mt. Zion and the Sears department store.

The parking structure project site is partially covered by a 35-space surface parking lot, currently used by Mt. Sinai Memorial Chapel. The medical center's existing 400-car parking structure is located at 2190 O'Farrell Street, adjacent to the site. The area directly west of the Medical Center, bordered by Masonic, Lyon, Geary and O'Farrell streets, is occupied by the Sears Roebuck department store. Mt. Zion Hospital and Medical Center is two blocks north of the project site. The proposed Kaiser-Permanente parking structure would be consistent with the existing parking land uses.

The hospital addition and proposed parking structure would be located on property already owned by the Kaiser-Permanente Medical Center. The project would not involve disruption or division of the neighborhood or cause a substantial change in the area's existing character. Land use impacts will not be discussed in the EIR.

2. <u>Visual Quality</u> . Could the project:	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
*a. Have a substantial, demonstrable negative aesthetic effect?	—	<u>X</u>	<u>X</u>
b. Substantially degrade or obstruct any scenic view or vista now observed from public areas?	—	<u>X</u>	<u>X</u>
c. Generate obtrusive light or glare substantially impacting other properties?	—	<u>X</u>	<u>X</u>

The north wing would be professionally designed to be visually compatible with the hospital building; the architectural style, color and exterior materials would be similar to and relate with the hospital building.

The proposed project would not obstruct views or detract from views along the Geary Boulevard corridor or other public vistas. The project would, however, incrementally obstruct views of nearby hillsides north and northeast of the project site, primarily from the lower levels of adjacent residential units that overlook O'Farrell Street. The roof of the north wing addition would have landscaping to mask the mechanical equipment and telecommunication dish. While the project would infill currently vacant areas and degrade some residential views, it would not have a substantial, demonstrable, negative aesthetic effect. (Photomontages and project site photographs are contained in a visual quality background document available for public review at the Department of City Planning, 450 McAllister Street, San Francisco.) This issue will not be discussed in the EIR.

Light would emanate from the building's interior during the nighttime hours; however, street and exterior area lighting would not be substantially altered by the proposed project. This issue will not be discussed in the EIR. The design of the proposed parking structure is undetermined at this time and its visual quality impacts will be analyzed in the EIR.

	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
3. <u>Population.</u> Could the project:			
*a. Induce substantial growth or concentration of population?	—	<u>X</u>	<u>X</u>
*b. Displace a large number of people (involving either housing or employment)?	—	<u>X</u>	<u>X</u>
c. Create a substantial demand for additional housing in San Francisco, or substantially reduce the housing supply?	—	<u>X</u>	<u>X</u>

The north wing project site is currently an unattended surface parking lot; therefore, no loss of on-site employment would result from the project. Upon completion, the hospital expansion project would employ about 150 permanent new workers on the site. Approximately 88 of these would be professionals, 21 technicians, 15 clerical, and 26 support service workers.¹ In addition to these permanent jobs, the project would generate about 349 person-years of construction labor.

A building used for storage purposes and a surface parking lot currently occupy the parking structure site. Maintenance for these facilities requires no full-time employees. Existing Kaiser maintenance staff provides the necessary services a few hours a week. Employment related to construction and operation of the facility is unknown at this time although garages, per se, do not employ a high ratio of employees (possibly one or two additional employees would be required for anticipated operation).

The project is not expected to encourage additional residential development. Kaiser employees live in a wide geographical area both inside and outside San Francisco; new employees associated with the project would not be expected to generate a demand for new housing adjacent to the site. This issue will not be discussed in the EIR.

¹ Mrs. Alva Wheatley, Medical Center Administrator, letter, December 1983.

4. <u>Transportation/Circulation.</u> Could the project:	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
*a. Cause an increase in traffic which is substantial in relation to the existing traffic load and capacity of the street system?	<u>X</u>	—	<u>X</u>
b. Interfere with existing transportation systems, causing substantial alterations to circulation patterns or major traffic hazards?	<u>X</u>	—	<u>X</u>
c. Cause a substantial increase in transit demand which cannot be accommodated by existing or proposed transit capacity?	—	<u>X</u>	<u>X</u>
d. Cause a substantial increase in parking demand which cannot be accommodated by existing parking facilities?	<u>X</u>	—	<u>X</u>

A transportation analysis for the project was prepared by Environmental Impact Planning Corporation (EIP). The conclusions from this report are presented below. (A copy of the report is available for public review at the Department of City Planning.)

On an average day, the Medical Center attracts about 1,560 employees, 2,530 outpatients, 50 inpatients and 290 visitors. Travel to and from the Medical Center is predominantly by auto. Previous surveys indicate that the low transit usage is due to the inconvenience of transit relative to travel time, pedestrian access from bus stops and difficult connections between transit carriers. In addition, people who are ill or elderly generally prefer the comfort and convenience of an auto. The hospital expansion would generate about 440 daily person trips with about 50 person trips during the p.m. peak hour (the peak hour within the 4 p.m.-6 p.m. period).

The intersections of Geary/St. Joseph's and Geary/Divisadero are currently operating at service levels B and C-D respectively. The Geary/St. Joseph's intersection operates with very stable traffic flow while the Geary/Divisadero intersection experiences some minor peak-hour congestion on the Divisadero Street approaches. The project's 35-40 p.m. peak-hour vehicle trips (42 vehicle trips/1.1-1.2 auto occupancy), would add less than 0.5% to existing volumes; service levels would be unchanged. Service levels may change, however, as a result of the proposed parking structure; this will be discussed in the EIR.

The project would add about seven p.m. peak-hour transit trips, all expected to be on Muni. When added to the nine Muni lines serving the Medical Center vicinity, the seven-passenger increase in peak-hour trips would not have a measurable effect. This issue will not be discussed in the EIR.

Currently, the Medical Center's off-street parking totals 680 spaces in 8 separate facilities. The Medical Center's total estimated peak demand of 980 spaces suggests that 680 vehicles are parked in the off-street garage and lots and about 300 vehicles are parked on-street in the Medical Center vicinity. The north wing addition's parking demand has been calculated at 86 spaces. The proposed parking structure would provide between 800-1,000 spaces. The project would also displace 24 spaces from an existing 44-space surface lot on the north wing site and 35 spaces from the parking structure site. Impacts associated with the project-related parking demand and the proposed parking structure will be discussed in the EIR.

Issues associated with circulation patterns of the proposed parking structure and particular pedestrian issues relating to the movement of patients and pedestrian crossings on St. Joseph's Avenue will be discussed in the EIR.

5. <u>Noise.</u> Could the project:	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
*a. Increase substantially the ambient noise levels for adjoining areas?	—	<u>X</u>	<u>X</u>
b. Violate Title 25 Noise Insulation Standards, if applicable?	—	<u>X</u>	<u>X</u>
c. Be substantially impacted by existing noise levels?	—	<u>X</u>	<u>X</u>

A noise analysis for the project was prepared by Charles M. Salter Associates and the conclusions from this report are presented here. (A copy is available for review at the Department of City Planning.)

The project site is adjacent to Geary Boulevard with noise levels of 72 L_{dn} ¹ and O'Farrell Street with about 63 L_{dn} (day/night weighted average). Also, noise levels on Geary Boulevard are approximately 82 dBA when buses stop at Geary Boulevard near Baker

Street and then accelerate up the hill. The noise-sensitive receptors nearest the hospital project site are the Kaiser Hospital itself and residential development along Geary Boulevard and O'Farrell Street, across the street from the proposed project (approximately 150 feet away). An apartment building with ground-floor commercial development is adjacent to the parking structure site.

Emergency vehicles with sirens operating do not arrive with great frequency. A review of hospital records for October 1983 indicates that there are typically 0-1 emergency vehicles per day coming to the emergency room with sirens on. No increase in the number of delivery or garbage pickup trips would be expected as a result of the project.² Traffic noise levels in the surrounding neighborhoods are not expected to increase by a noticeable amount.

Construction noise levels in San Francisco are controlled by the San Francisco Noise Ordinance, Article 29 of the San Francisco Police Code, which states that construction noise levels cannot exceed ambient noise levels by 5 dBA from 8 p.m. to 7 a.m., nor can noise levels exceed 60 dBA from 10 p.m. to 7 a.m. unless a special permit is granted by the Department of Public Works. The project sponsor would be required to comply with the ordinance. Noise generated during construction of the six-story addition would temporarily increase noise levels in the project vicinity, particularly during site preparation and foundation construction activities.

During site preparation (about 1 month), earth-moving equipment on the hospital site would generate maximum noise levels of up to 75 dBA at a distance of 150 feet, typical of louder vehicles passing down O'Farrell Street, and would not be expected to constitute an annoyance. Noise levels inside neighboring residences could reach about 72 dBA with windows open and 67 dBA with windows closed. The levels generated during truck passbys would be high enough to interrupt conversation temporarily and, depending on the trucks' frequency, could be annoying to residents. During building erection (approximately 1 month), maximum noise levels from crane and concrete pumping trucks could reach 75 dBA outside of the nearest homes and 85 dBA from impact wrenches. The sound generated by the impact wrenches would interfere with conversations occasionally and would be expected to be annoying; these impacts would occur sporadically over a period of

two to four weeks. The hospital itself constitutes a sensitive receptor and during construction of the north wing there would be an increase to about 75 dBA that would be expected to be annoying to patients. Renovation of the existing hospital building would result in less noise than construction of the north wing because much of the construction activity would take place within the building's interior.

Noise levels during construction of the parking structure would be greatest if a jackhammer were used to demolish the wall adjacent to the existing apartment building (which would take approximately 3 weeks). Noise levels inside these apartments would be expected to range from 60 to 70 dBA depending upon the size of the jackhammer used. These levels are high enough to interfere with conversation indoors and could be annoying to the occupants.

Mechanical equipment on the roof of the north wing would be enclosed to contain noise generation.

The sponsor has agreed to the mitigation measures listed on pages 22-23 to ameliorate impacts associated with construction activities of the parking structure. Therefore, noise impacts associated with the operation and construction of the project will not be discussed in the EIR.

¹Decibel: A logarithmic unit of sound energy intensity. Sound waves, traveling outward (dB) from a source, exert a force known as sound pressure level (commonly called "sound level"), measured in decibels.

dBA: Decibel corrected for the variation in frequency response to the typical human ear at commonly encountered noise levels.

L_{dn} : An averaged sound level measurement, based on human reaction to cumulative noise exposure over a 24-hour period, which takes into account the greater annoyance of nighttime noises. Noise between 10 p.m. and 7 a.m. is weighted 10 dBA higher than daytime noise.

A complete discussion of acoustical concepts is found in the Consultant's Report on Noise on file at the Department of City Planning.

²Charley Rickard, Superintendent of Buildings and Grounds, Kaiser San Francisco Medical Center, telephone conversation, May 8, 1984.

	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
6. <u>Air Quality/Climate.</u> Could the project:			
*a. Violate any ambient air quality standard or contribute substantially to an existing or projected air quality violation?	—	<u>X</u>	<u>X</u>
*b. Expose sensitive receptors to substantial pollutant concentrations?	—	<u>X</u>	<u>X</u>
c. Permeate its vicinity with objectionable odors?	—	<u>X</u>	—
d. Alter wind, moisture or temperature (including sun shading effects) so as to substantially affect public areas, or change the climate either in the community or region?	—	<u>X</u>	<u>X</u>

In order to assess the project's local CO air quality impact in the context of the area's cumulative development, an air quality model recommended by the California Air Resources Board was applied to five of the most heavily traveled intersections in the vicinity. Carbon monoxide (CO) air pollution modeling indicates that the state and federal 8-hour average CO air quality standard of 9 ppm is currently exceeded under adverse meteorological conditions at Geary/Divisadero and Geary/St. Joseph. In 1987, when the project would be completed, it is anticipated that 8-hour average CO concentrations would reach 8 ppm at Geary/Divisadero and 7 ppm at Geary/St. Joseph. Whether or not the proposed project is built, CO air quality overall in 1987 would be better than it is currently at these locations. Expected improvements in concentrations would be due to ongoing state and federal regulations governing motor vehicle emissions. Results of the modeling studies are on file with the Department of City Planning. This issue will not be addressed in the EIR.

Construction activities would generate pollutants in the project vicinity. Trucks and equipment would release exhaust that would affect neighboring buildings during construction hours. Ambient concentrations of exhaust pollutants would be increased for the duration of the construction period; however, no measurable increases are expected. Site preparation and construction activities would generate suspended particulate matter. Although emission factors upon which to base estimates of the resulting atmospheric particulate concentrations are not available, violations of the state 24-hour Total

Suspended Particulate (TSP) standard may result from site preparation and foundation construction. The project sponsor has agreed to the mitigation measure listed on pages 24; therefore, construction air quality impacts will not be discussed in the project EIR.

Although the project's maximum height would reach 96 feet for the elevator penthouse, the mass of the north wing addition would rise about 72 feet above St. Joseph's Avenue and would be lower than the existing hospital. Therefore, no significant shadow or wind impacts would be associated with the north wing project. The proposed parking structure's shadow and wind impacts will be addressed in the EIR. This issue for the north wing addition will not be addressed in the EIR.

	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
7. <u>Utilities/Public Services.</u> Could the project:			
*a. Breach published national, state or local standards relating to solid waste or litter control?	—	<u>X</u>	<u>X</u>
*b. Extend a sewer trunk line with capacity to serve new development?	—	<u>X</u>	<u>X</u>
c. Substantially increase demand for schools, recreation or other public facilities?	—	<u>X</u>	<u>X</u>
d. Require major expansion of power, water, or communications facilities?	—	<u>X</u>	<u>X</u>

The proposed project would increase demand for and use of public services and utilities on the site. However, none of these increases would exceed the capacity amounts expected and provided for in the project area. (Letters from agencies providing all required services are on file at Department of City Planning.) The anticipated increase in water consumption generated by the project would not be significant. These issues will not be addressed in the EIR.

	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
8. <u>Biology</u> . Could the project:			
*a. Substantially affect a rare or endangered species of animal or plant or the habitat of the species?	—	<u>X</u>	—
*b. Substantially diminish habitat for fish, wildlife or plants, or interfere substantially with the movement of any resident or migratory fish or wildlife species?	—	<u>X</u>	—
c. Require removal of substantial numbers of mature, scenic trees?	—	<u>X</u>	—
9. <u>Geology/Topography</u> . Could the project:			
*a. Expose people or structures to major geologic hazards (slides, subsidence, erosion and liquefaction)?	—	<u>X</u>	<u>X</u>
b. Change substantially the topography or any unique geologic or physical features of the site?	—	<u>X</u>	<u>X</u>

The proposed hospital expansion would not expose people or structures to a major geologic hazard, but would alter the site topography due to grading and foundation excavation. A partial basement (to contain mechanical equipment) would extend between 13 and 24 feet below ground surface of the north wing addition site. Construction of the new addition would meet current seismic safety requirements for hospitals as stipulated in Title 24, Section T22-94215, of the California Administrative Code. The addition would be supported on a spread footing foundation set on bedrock or on end-bearing piers drilled into bedrock. No pile driving or dewatering would be necessary during the excavation or construction of the new wing. Foundation plans have not been determined for the proposed parking structure; however, minor excavation is anticipated. The entire project would be constructed under the supervision of licensed structural and geotechnical engineers and would comply with all applicable seismic and life safety standards. This issue will not be discussed in the EIR.

	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
10. <u>Water.</u> Could the project:			
*a. Substantially degrade water quality, or contaminate a public water supply?	—	<u>X</u>	<u>X</u>
*b. Substantially degrade or deplete ground water resources, or interfere substantially with ground water recharge?	—	<u>X</u>	<u>X</u>
*c. Cause substantial flooding, erosion or siltation?	—	<u>X</u>	<u>X</u>

There is no surface water at the site, which is currently covered with an impervious surface. The proposed project would not alter this situation. Runoff would continue to drain into the City's combined storm/sewer system. This issue will not be addressed in the EIR.

11. Energy/Natural Resources. Could the project:

*a. Encourage activities which result in the use of large amounts of fuel, water, or energy, or use these in a wasteful manner?	—	<u>X</u>	<u>X</u>
b. Have a substantial effect on the potential use, extraction, or depletion of a natural resource?	<u>X</u>	—	<u>X</u>

The hospital project would increase energy consumption on the site (see background report on file at the Department of City Planning for further energy discussion). Although hospitals are not subject to the energy effectiveness requirements of Title 24 of the California Administrative Code, the north wing addition would be designed to meet or exceed those requirements where they do not conflict with hospital health and safety codes. This effort would ensure that energy would not be used in a wasteful or excessive manner. Although design specifics are unknown, parking structures are generally open to the air and are neither heated nor cooled. Project levels of energy consumption will be addressed in the EIR.

	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
12. <u>Hazards</u> . Could the project:			
*a. Create a potential public health hazard or involve the use, production or disposal of materials which pose a hazard to people or animal or plant populations in the area affected?	<u> </u>	<u> X </u>	<u> X </u>
*b. Interfere with emergency response plans or emergency evacuation plans?	<u> </u>	<u> X </u>	<u> X </u>
c. Create a potentially substantial fire hazard?	<u> </u>	<u> X </u>	<u> </u>

Contaminated or toxic materials associated with operations of the existing nuclear medicine department are appropriately isolated and disposed of according to strict local, state and federal guidelines. Toxic substances associated with similar services located within the north wing project would be handled in the same manner. Adherence to established guidelines substantially reduces the risk of creating a public health hazard.

The project would result in a greater number of people on the site, which could potentially increase the difficulty of evacuating people from the site in an emergency. All hospitals are required to prepare fire and emergency evacuation plans that are reviewed by the State Fire Marshall in coordination with the San Francisco Fire Department Fire Prevention Bureau. A new plan for Kaiser Hospital that incorporates the new addition would be subject to such review before issuance of final building occupancy permits by the Department of Public Works. This issue will not be addressed in the EIR.

13. <u>Cultural</u> . Could the project:			
*a. Disrupt or adversely affect a prehistoric or historic archaeological site or a property of historic or cultural significance to a community or ethnic or social group; or a paleontological site except as a part of a scientific study?	<u> </u>	<u> X </u>	<u> X </u>
*b. Conflict with established recreational, educational, religious or scientific uses of the area?	<u> </u>	<u> X </u>	<u> </u>
c. Conflict with preservation of any buildings of City landmark quality?	<u> </u>	<u> X </u>	<u> </u>

Construction activity would involve excavation in areas where a cemetery is known to have existed as early as 1860. Although all bodies were to have been disinterred and transferred to Colma prior to 1940, there is a possibility that some remain in the project area. Should a human bone be encountered during construction, the County Coroner would be notified immediately. No cultural resources are expected to be encountered¹; however, the sponsor has agreed to the measure listed on page 24. This issue will not be addressed in the EIR.

¹Maureen Steiner, Assistant Coordinator, California Archaeological Inventory, letter, November 18, 1983.

	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
C. OTHER			
Require approval of permits from City Departments other than DCP or BBI, or from Regional, State or Federal Agencies?	<u>X</u>	<u> </u>	<u>X</u>

Pursuant to Public Law 93-961, the California Office of Statewide Health Planning and Development is responsible "for the enforcement of building standards relating to hospital buildings, including plan checking and the inspection of the design and details of the architectural, structural, mechanical and electrical systems, and the observation of construction." Thus, authorization for a building permit for the north wing addition would be granted by the State.

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Discussed</u>
D. MITIGATION MEASURES				
1. If any significant effects have been identified, are there ways to mitigate them?	<u>X</u>	<u> </u>	<u> </u>	<u>X</u>
2. Are all mitigation measures identified above included in the project?	<u>X</u>	<u> </u>	<u> </u>	<u>X</u>

MITIGATION MEASURES INCLUDED AS PART OF THE PROJECT

The following are mitigation measures related to topics determined to require no further analysis in the EIR. The EIR will contain a mitigation chapter describing these measures

and other measures that would, or could be, adopted to reduce the project's potential adverse effects as identified in the EIR.

TRANSPORTATION

In response to the existing parking shortfall and anticipated effects of the proposed project, the Medical Center is committed to a comprehensive Transportation System Management (TSM) program. The program would be implemented over a one- to two-year period, coincidental with the proposed hospital expansion.

The Medical Center wants to continue developing the TSM program to improve alternatives to the single-occupant auto, thereby reducing traffic congestion and parking demand. The complete TSM program is a comprehensive set of strategies and policies to be carried out by the Medical Center. The basic program is summarized as follows:

1. Administration

The Medical Center's full-time Transportation Coordinator (hired in 1982) would continue to be responsible for implementing the TSM program. The coordinator would work jointly with other institutions in San Francisco, and be responsible for all of the administrative, marketing and monitoring functions outlined in the program. It should be noted that other programs involving ridesharing, marketing and employee incentives have already been pursued by the Medical Center.

2. Ridesharing

Ridesharing matching applications will be periodically distributed for all employees. Through orientation meetings, all new employees will be personally contacted and apprised of the ridesharing program. The Medical Center will coordinate its efforts with RIDES and other San Francisco institutions to effect more widespread use of ridesharing.

3. Muni and Other Transit Improvements

The Medical Center will coordinate with Muni to enhance transit usage by selling Fast Passes on-site. In addition, the Center will assist in efforts to expand peak-hour Muni express service linking the Medical Center with the downtown Transbay Terminal and peak-hour crosstown express service from the outer Mission District.

The Medical Center will also participate in planning meetings for potential route changes proposed by Golden Gate Transit and/or assist coordination efforts between Golden Gate and Muni services.

4. Marketing and Employee Incentives

The following marketing and employee incentive measures will be implemented by the Center's Transportation Coordinator:

- o provide orientation briefings for new employees
- o establish a transportation center where transit and ridesharing information will be available
- o maintain continuing publicity as well as special promotions
- o seek reduced-price Muni Fast Passes and sell the passes on-site
- o provide preferential free parking for carpools and vanpools.

5. Program Monitoring

To effectively monitor the TSM program, the Center will:

- o conduct an updated employee travel survey in 1985, identifying current transportation characteristics
- o conduct another employee travel survey in 1985 to establish the effectiveness of the TSM program
- o maintain records of carpool and vanpool information, sale of transit passes, parking usage, and so forth.

In addition to the foregoing program, the Medical Center has recently rented an auxiliary employee parking lot located at Geary Boulevard and Fillmore Street (effective March 1, 1984). This 85-space facility is linked with the Center via a shuttle bus.

NOISE

With respect to construction noise levels, the sponsor would require that trucks accessing the hospital site enter and exit via Geary Boulevard and/or St. Joseph's Avenue, and, to the extent possible, not use O'Farrell Street. Similarly, trucks accessing the parking structure site would be required to enter and exit on Geary and, to the extent possible,

not use O'Farrell. In addition, all concrete-pumping trucks and other stationary noise sources would be located on the Geary Boulevard side of the construction.

To the extent possible, the existing hospital wall would remain during construction of the north wing to serve as a sound barrier. Prior to foundation excavation, a 10-foot high plywood fence would be erected around the construction site. This fence could reduce ground level construction site noise by 10 to 15 dBA, and shield the surrounding area from the noise of portable generators, air compressors, concrete pumps and earth moving equipment.

During renovation of the existing hospital, an interior wall covered with sheetrock would be constructed around the area to be renovated to serve as a noise barrier. The contractor would be required to notify hospital staff in the immediate area prior to use of any equipment that could result in excessive, annoying noise to the patients. Staff would have the authority to halt construction and require the contractor to reschedule at a later time.

With respect to construction noise, the contractor would be required to isolate excessive noise sources to the extent possible and arrange operation of equipment in intermittent work schedules to break up the effect of constant, annoying noise. When necessary, hospital staff would issue ear plugs to patients to reduce noise effects. If noise is determined to be excessive and detrimental to the patients' health, patients would be moved to another location within the hospital. If the patient cannot be accommodated within the hospital, the patient would be moved to another Kaiser facility or, if necessary, to another hospital within San Francisco.

During demolition of the EZ storage building, a concrete saw would be used in lieu of jackhammers to take down the wall facing the existing apartment building. The concrete saw generates a higher frequency noise that would be more effectively muffled by the existing apartment building wall. Additionally, it would be a more continuous, less annoying noise as opposed to the repetitive noise generated by the jackhammers.

The hospital currently uses trash dumpsters located on O'Farrell Street to remove materials from various remodeling activities within the hospital. Because of traffic problems, Sunset Scavenger Company has chosen to empty these dumpsters in the middle

of the night. Since dumpsters would be used to remove debris during construction of the proposed north wing and parking structure, the sponsor would relocate the dumpsters to the construction site and construction contracts would specify daytime pickup.

AIR QUALITY

The California Health and Safety Code requires that measures be taken to minimize dust generation; specifically, it calls for watering of demolition materials and soils. The project sponsor would require the contractor to implement a twice-daily watering program, which would reduce the likelihood of airborne construction dust and particulates exceeding state and federal standards. An effective watering program (complete coverage twice-daily) can reduce emissions by about 50%. Adjacent streets would be mechanically swept by the demolition and excavation contractors so that silt would not be washed into the storm drains and dust would be removed.

CULTURAL

Should evidence of cultural or historic artifacts of significance (including human burial remains) be found during project excavation, the Environmental Review Officer and the President of the Landmarks Preservation Advisory Board would be notified. The project sponsor would select an archaeologist or other expert to help the Office of Environmental Review determine the significance of the find and whether feasible measures, including appropriate security measures, could be implemented to preserve or recover such artifacts. The Environmental Review Officer would then recommend specific mitigation measures, if necessary, and recommendations would be sent to the State Office of Historic Preservation. Excavation or construction that might damage the discovered cultural resources would be suspended for a maximum of four weeks to permit inspection, recommendation and retrieval, if possible.

	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
E. ALTERNATIVES			
1. Were alternatives considered?	<u>X</u>	<u> </u>	<u>X</u>

Several alternatives to the proposed project will be discussed in the EIR including:

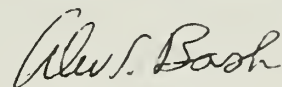
- o No-Project Alternative
- o Project Located at an Alternative Site
- o Smaller-Project Alternative

F. MANDATORY FINDINGS OF SIGNIFICANCE

	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
*1. Does the project have the potential to degrade the quality of the environment, substantially reduce the habitat of a fish or wildlife species, cause a fish or wildlife population to drop below self-sustaining levels, threaten to eliminate a plant or animal community, reduce the number or restrict the range of a rare or endangered plant or animal, or eliminate important examples of the major periods of California history or prehistory?	___	<u>X</u>	___
*2. Does the project have the potential to achieve short-term, to the disadvantage of long-term, environmental goals?	___	<u>X</u>	___
*3. Does the project have possible environmental effects which are individually limited, but cumulatively considerable? (Analyze in the light of past projects, other current projects, and probable future projects.)	___	<u>X</u>	___
*4. Would the project cause substantial adverse effects on human beings, either directly or indirectly?	___	<u>X</u>	___
*5. Is there a serious public controversy concerning the possible environmental effect of the project?	___	<u>X</u>	___

G. ON THE BASIS OF THIS INITIAL STUDY:

- I find the proposed project COULD NOT have a significant effect on the environment, and a NEGATIVE DECLARATION will be prepared by the Department of City Planning.
- I find that although the proposed project could have a significant effect on the environment, there WILL NOT be a significant effect in this case because the mitigation measures, numbers , in the discussion have been included as part of the proposed project. A NEGATIVE DECLARATION will be prepared.
- X I find that the proposed project MAY have a significant effect on the environment, and an ENVIRONMENTAL IMPACT REPORT is required.



Alec S. Bash,
Environmental
Review Officer

for
Dean L. Macris
Director of Planning

Date: July 20, 1984

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City Planning Commission

Bureau of Bldg. Inspection

Water Department, Distribution Div.

(CULCOP)
c/o GES - Utility Liaison

Dept. of Public Works-Traffic Eng. Div.

SF Fire Dept., Div. of Planning &
Research

SF Municipal Railway-Planning Div.

City Attorney's Office

MEDIA

San Francisco Bay Guardian

San Francisco Chronicle

San Francisco Examiner

San Francisco Progress

The Sun Reporter

Tenderloin Times

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City Library - Civic Center

Cogswell College Library

EPA Library

Stanford University

SF State University

Inst. of Govt. Studies

Hastings College of the Law

GROUPS AND INDIVIDUALS

Carl Imparato

Legal Assistance to the Elderly

GROUPS AND INDIVIDUALS (Cont.)

San Franciscans for Reasonable Growth

San Francisco Tomorrow

Robert G. Rappel

Linda A. Jue

Quirino V. Arzaga, Pres.

Polly B. Arzaga, Pres.
Filipino American Women's Political
Action League

Ricardo S. Morada, Exec. Asst.
Philippine News

Lynn Pamplin

Rudolph Grunsfeld

Elizabeth M. Lewis, M.D.

ADJACENT PROPERTY OWNERS

Sinai Memorial

Christ Bearers Church

Mt. Zion Hospital
Accounting Department

Chevron USA, Inc.
c/o Manager Property Taxes

Med-Group

Isac & Eileen Marchasin

Aidan O'Sullivan

Colm & Julie Healy

Baby William

Theodore & Thomas Eden

Theodore & Thomas Eden

Oscar & Ismay Daniels

Shin Kwon Kim

Frank J. Annicelli

Ray & Ezzatollah Simnegar

Paul & Alice Wong

Richard & Jean Cheung

Robert & Carol Wolfe
c/o Wolfe & Associates

Naismith Dental Corp.

The National Collection Agency Inc.

Johnnie M. Choice

Jrotha Smith

Aaron Stevenson

Josephine Haywood

Francis Rice

Dean Leng

Hiroshi & Jun Arai

Howard E. Harrison

Robert W. Bartlett

Rodney & Jane Vinson

Reginald & Barbara Becker

David D. Chow
c/o Merchant Realty

Julia Scanlan
c/o Julia Blanco

Jane A. Kastner

Howard Cooper

Lloyd & Josephine Pollard
c/o Donet Co.

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LEVELS OF SERVICE DEFINITIONS¹
FOR SIGNALIZED INTERSECTIONS

Level of Service A

Level of Service A describes a condition where the approach to an intersection appears quite open and turning movements are made easily. Little or no delay is experienced. No vehicles wait longer than one red traffic signal indication. The traffic operation can generally be described as excellent.

Level of Service B

Level of Service B describes a condition where the approach to an intersection is occasionally fully utilized and some delays may be encountered. Many drivers begin to feel somewhat restricted within groups of vehicles. The traffic operation can generally be described as very good.

Level of Service C

Level of Service C describes a condition where the approach to an intersection is often fully utilized and back-ups may occur behind turning vehicles. Most drivers feel somewhat restricted, but not objectionably so. The driver occasionally must have to wait more than one red traffic signal indication. The traffic operation can generally be described as good.

Level of Service D

Level of Service D describes a condition of increasing restriction causing substantial delays and queues of vehicles on approaches to the intersection during short times within the peak period. However, there are enough signal cycles with lower demand such that queues are periodically cleared, thus preventing excessive back-ups. The traffic operation can generally be described as fair.

Level of Service E

Capacity occurs at Level of Service E. It represents the most vehicles that any particular intersection can accommodate. At capacity there may be long queues of vehicles waiting upstream of the intersection and vehicles may be delayed up to several signal cycles. The traffic operation can generally be described as poor.

Level of Service F

Level of Service F represents a jammed condition. Back-ups from locations downstream or on the cross street may restrict or prevent movement of vehicles out of the approach under consideration. Hence, volumes of vehicles passing through the intersection vary from signal cycle to signal cycle. Because of the jammed condition, this volume would be less than capacity.

¹City and County of San Francisco, Department of Public Works, Traffic Engineering Division.

TRANSPORTATION

PEDESTRIAN FLOW REGIMES

<u>Flow Regime</u>	<u>Walking Speed Choice</u>	<u>Conflicts</u>	<u>Average Speed Rate (P/F/M)¹</u>
Open	Free Selection	None	0.5
Unimpeded	Some Selection	Minor	0.5 - 2.0
Impeded	Some Selection	High Indirect Interaction	2.0 - 6.0
Constrained	Some Restriction	Multiple	6.0 - 10.0
Crowded	Restricted	High Probability	10.0 - 14.0
Congested	All Reduced	Frequent	14.0 - 16.0
Jammed	Shuffle Only	Unavoidable	16.0+

¹P/F/M - Pedestrians per foot of sidewalk width per minute.

Source: Boris Pushkarev and Jeffrey M. Zupan, Urban Space for Pedestrians, Massachusetts, MIT Press, 1975.

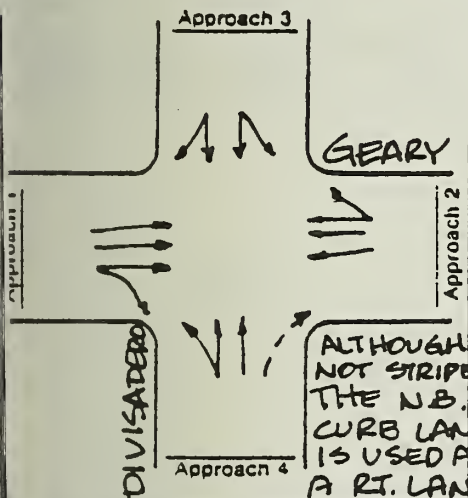
INTERSECTION CAPACITY ANALYSIS

4:30-5:30

Intersection GEARY/DIVISADERO Design Hour P.M. PEAK

Other Conditions EXISTING TRAFFIC (COUNTED 3/17/83)

1. Identify Lane Geometry



4. Left Turn Check

- Number of change intervals per hour
- Left turn capacity on change interval, in vph
- G/C Ratio
- Opposing volume in vph
- Left turn capacity on green, in vph
- Left turn capacity in vph ($b + c$)
- Left turn volume in vph
- Is volume > capacity ($g > f$)?

Approach				
1	2	3	4	

6b. Volume Adjustment for Multiphase Signal Overlap

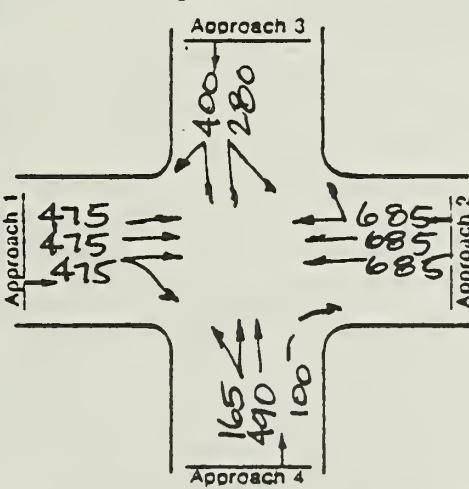
Probable Phase	Possible Critical Volume in vph	Volume Carryover to next phase	Adjusted Critical Volume in vph
----------------	---------------------------------	--------------------------------	---------------------------------

2φ

2. Identify Volumes, in vph

RT = 65	TH = 1985	LT = 110
RT = 100	TH = 545	LT = 100

5. Assign Lane Volumes, in vph



7. Sum of Critical Volumes

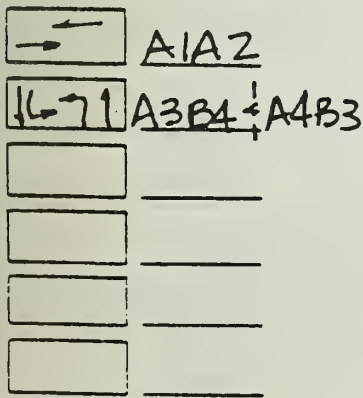
$$685 + 490 + 40 = 1215 \text{ vph}$$

8. Intersection Level of Service

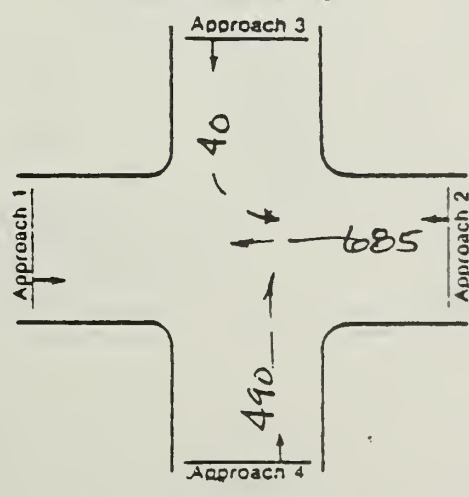
C-D

Notes:

3. Identify Phasing



6a. Critical Volumes, in vph (two phase signal)



Service Level Ranges

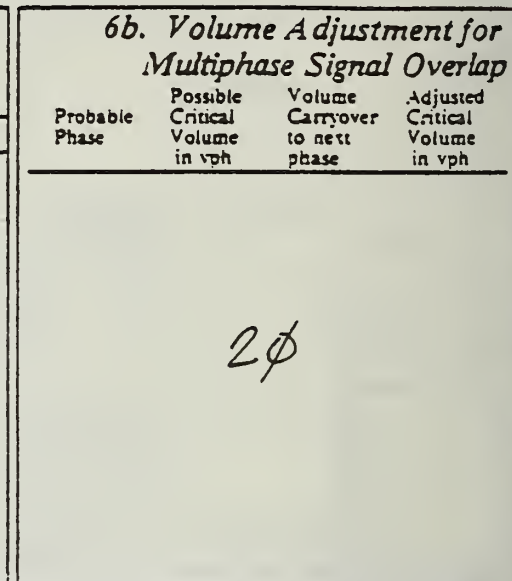
Level	Sum of Critical Volumes		
	2 Phase	3 Phase	4+ Phases
A	900	855	825
B	1050	1000	965
C	1200	1140	1100
D	1350	1275	1225
E	1500	1425	1375
F	not applicable		

4:30 - 5:30

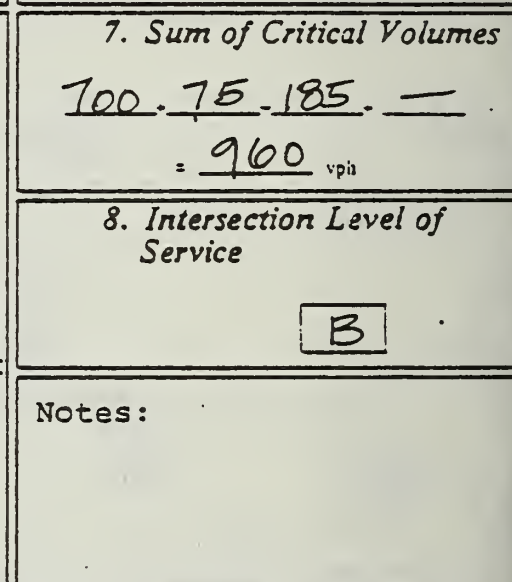
P.M. PEAK

TED 3/2/83)

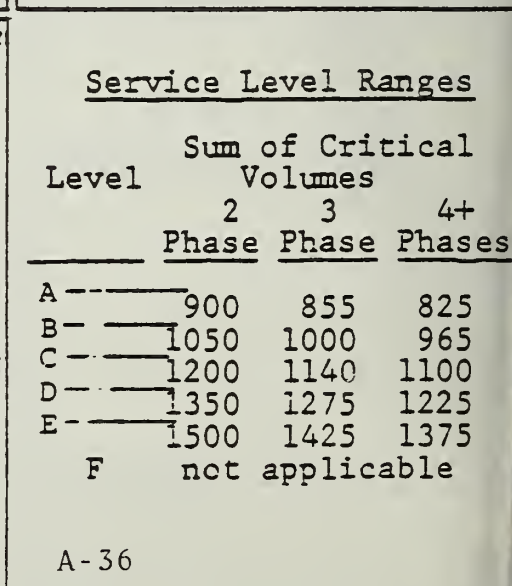
6b. Volume Adjustment for Multiphase Signal Overlap



7. Sum of Critical Volumes



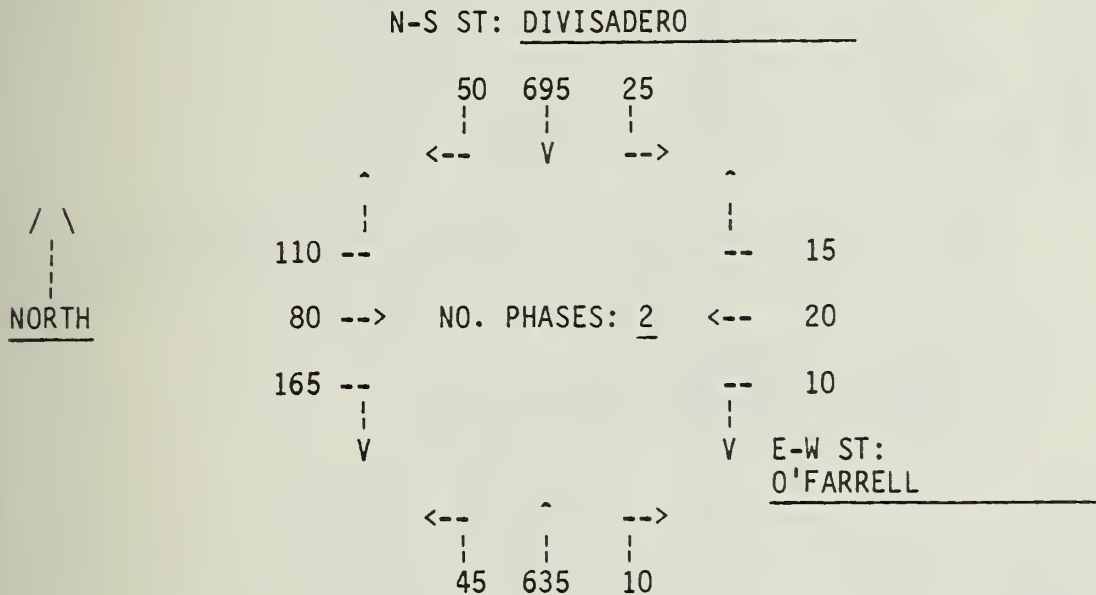
Service Level Ranges



OMNI-MEANS LTD. SIGNALIZED INTERSECTION CAPACITY ANALYSIS

N-S STREET: DIVISADERO
 E-W STREET: O'FARRELL
 RECORD NO.: 3
 CONDITION: EXISTING
 PERIOD: PM

TOTAL VOLUMES:



LANE GEOMETRIES AND VOLUMES:

	R		T		TURNING MOVEMENT				T+L		R+L		R+T+L	
	GEO	VOL	GEO	VOL	L	R+T	GEO	VOL	GEO	VOL	GEO	VOL	GEO	VOL
SB	0	0	0	0	0	0	1	385	1	385	0	0	0	0
WB	0	0	0	0	0	0	0	0	0	0	0	0	1	45
NB	0	0	0	0	0	0	1	345	1	345	0	0	0	0
EB	0	0	0	0	0	0	0	0	0	0	0	0	1	355

CRITICAL VOLUMES:

APPROACH MOVEMENT VOLUME	NB L	SB T	EB T	WB L	TOTAL
	45	+ 385	+ 355	+ 10	= 795

VOLUME TO CAPACITY RATIO (V/C) = .53
 INTERSECTION LEVEL OF SERVICE (LOS) = A

ST. JOSEPHS / O'FARRELL

APPROXIMATE LEVEL-OF-SERVICE VOLUMES FOR FOUR-WAY STOP-CONTROLLED INTERSECTIONS

DEMAND
SPLIT

2 LANE X 2 LANE
MAXIMUM VOLUME AT LEVEL-OF-SERVICE:

	A	B	C	D	E
50/50	900	1,045	1,200	1,355	1,525
55/45	855	990	1,140	1,290	1,450
60/40	810	940	1,080	1,220	1,370
65/35	760	880	1,010	1,140	1,285
70/30	720	835	960	1,085	1,220

775

PROJECTED TOTAL INTERSECTION
VOLUME (WITH 2-WAY O'FARRELL
= 775 VEHICLES

DEMAND
SPLIT

2 LANE X 4 LANE
MAXIMUM VOLUME AT LEVEL-OF-SERVICE:

	A	B	C	D	E
50/50	1,350	1,565	1,800	2,035	2,285
55/45	1,290	1,495	1,720	1,945	2,185
60/40	1,245	1,445	1,660	1,875	2,110
65/35	1,225	1,420	1,630	1,840	2,070
70/30	1,210	1,400	1,610	1,820	2,045

1,210

EXISTING TOTAL INTERSECTION
VOLUME = 834 VEHICLES

DEMAND
SPLIT

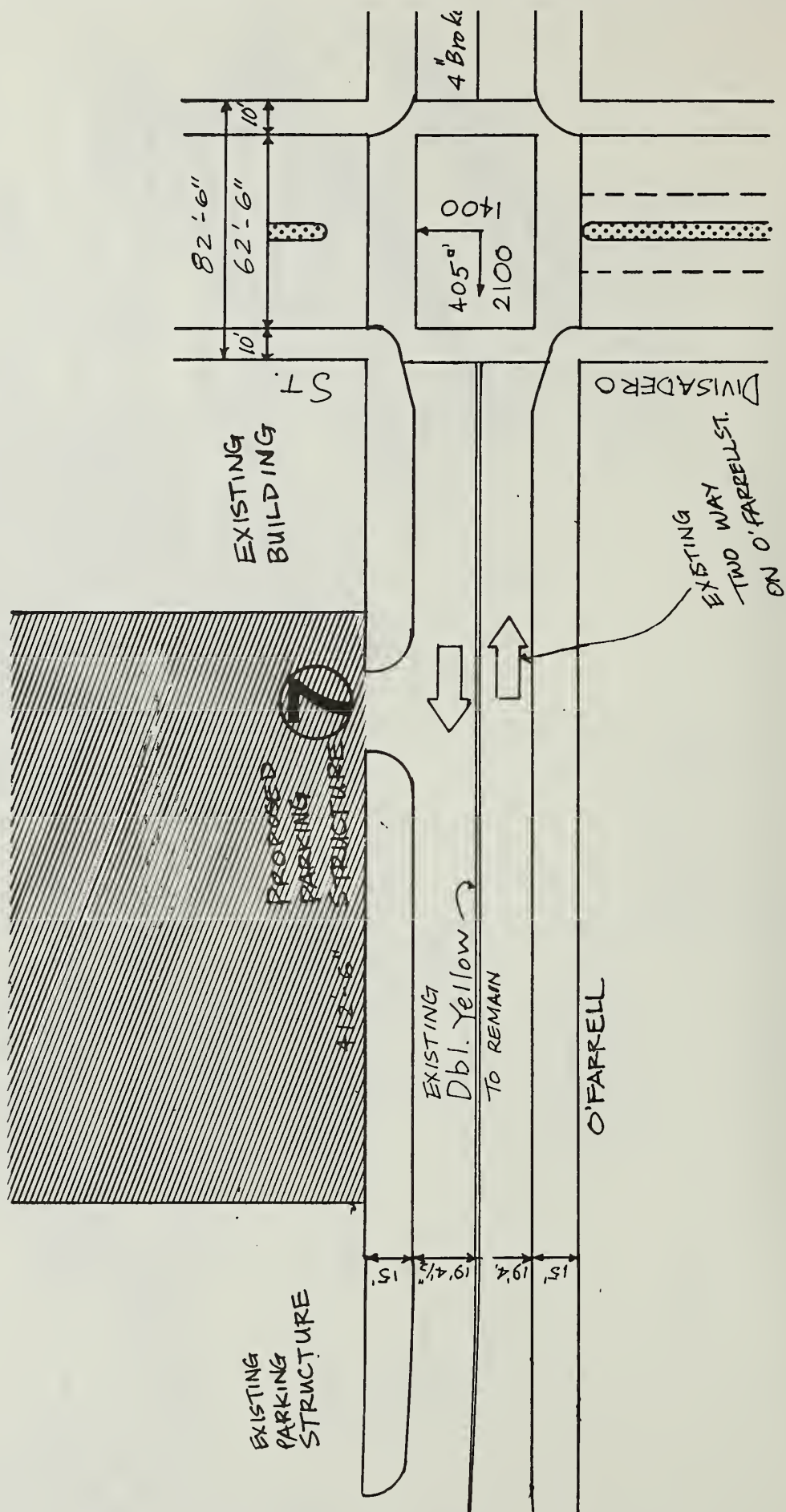
4 LANE X 4 LANE
MAXIMUM VOLUME AT LEVEL-OF-SERVICE:

	A	B	C	D	E
50/50	1,650	1,915	2,200	2,485	2,795
55/45	1,555	1,800	2,070	2,340	2,630
60/40	1,480	1,715	1,970	2,225	2,500
65/35	1,410	1,635	1,880	2,125	2,390
70/30	1,365	1,585	1,820	2,055	2,310

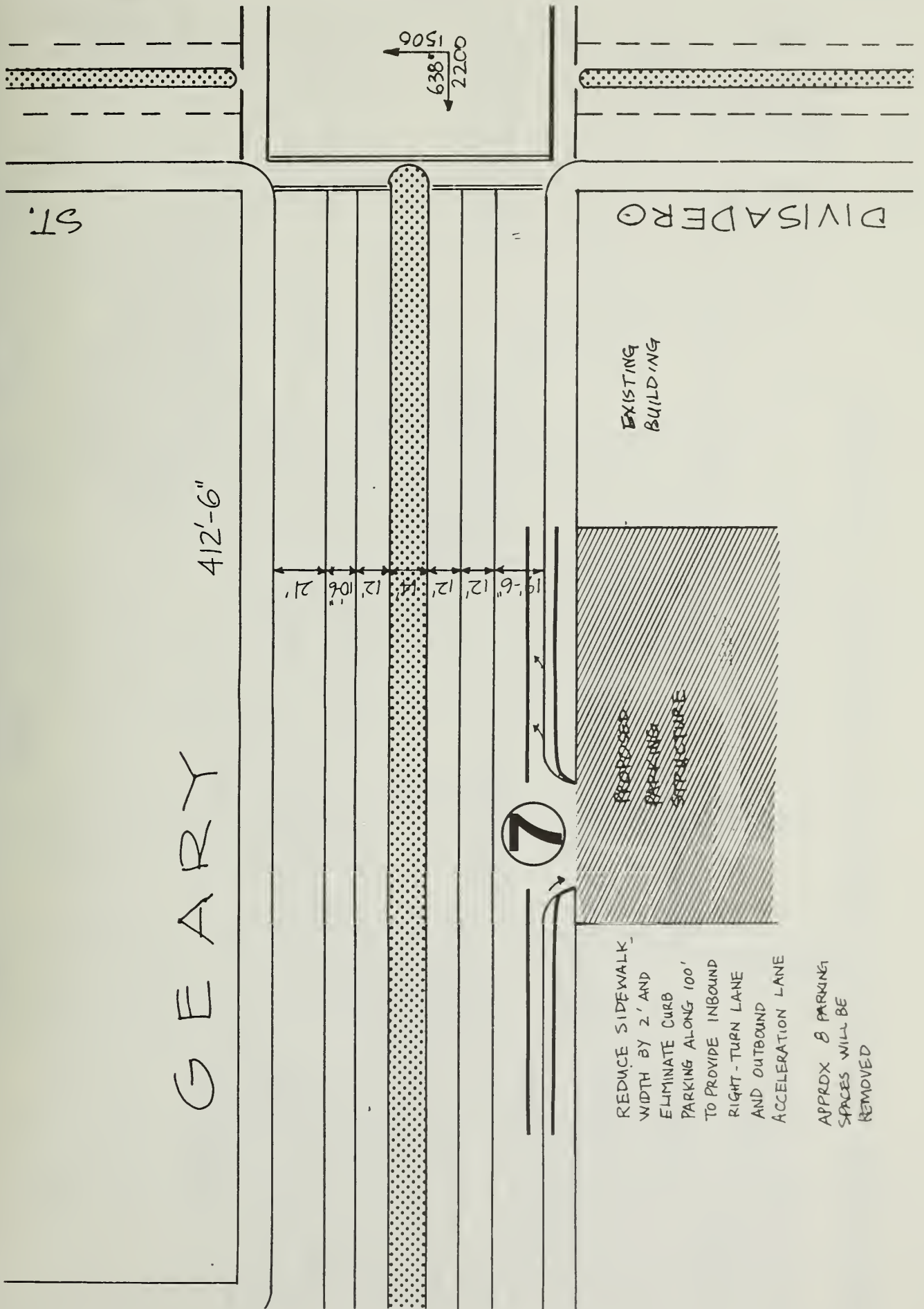
SOURCE: Herbert, J., "A Study of Four-Way STOP Intersection Capacities."
Highway Research Record 27, Highway Research Board, Washington, D.C.
(1963).



O'FARRELL STREET GARAGE ACCESS



GEARY BOULEVARD GARAGE ACCESS



[illegible]

Donald Ballanti

Certified Consulting Meteorologist

1424 Scott Street
El Cerrito, Ca. 94530
(415) 234-6087

December 10, 1984

Stuart During
EIP Corporation
319 11th Street
San Francisco, CA. 94103

Subject: Wind Impact Evaluation for the Kaiser Foundation
Hospital North Wing Addition and Parking Structure

Dear Mr. During:

At your request I have undertaken a review of the current design for the subject project to evaluate the potential for adverse wind effects. I have based my findings and recommendations on a review of current plans and a site visit.

The project site for the North Wing Addition is the southern portion of the block bounded by Geary Blvd., St. Joseph Avenue, O'Farrell Street and Lyon Street. The Parking Structure would be located next to the existing garage on the adjacent block to the south. This block is bounded by Geary Blvd., Divisadero Street, O'Farrell Street and St. Joseph Street. These projects are located in a commercial area with buildings from two to seven stories in height. The terrain slopes upward to the west from the site. Masonic Avenue, one block to the west, is located at the crest of this hill.

Winds in San Francisco are generally from the west, off the Pacific Ocean. Windspeeds, in general, are greatest in the spring and summer, and least in fall. Daily variation in windspeed is evident, with the strongest wind in the late afternoon and lightest winds in the morning.

Ground-level wind accelerations near highrises are controlled by exposure, massing and orientation. Exposure is a measure of the extent that the building extends above surrounding structures or terrain into the wind stream. A building that is surrounded by taller structures is not likely to cause adverse wind accelerations at ground level, while even a small building can cause wind problems if it is freestanding and exposed.

Massing is important in determining wind impact because it controls how much wind is intercepted by the structure and whether building-generated wind accelerations occur above-ground or at ground level. In general, slab-shaped buildings have the greatest potential for wind problems. Buildings that have a unusual shape or utilize setbacks have a lesser effect. A general rule is that the more complex the building is

Stuart During
December 10, 1984
Page 2

geometrically, the lesser the probable wind impact at ground level.

Orientation determines how much wind is intercepted by the structure, a factor that directly determines wind acceleration. In general, buildings that are oriented with their wide axis across the prevailing wind direction will have a greater impact on ground-level winds than a building oriented with its long axis along the prevailing wind direction.

The proposed structures would not have the characteristics associated with building-generated winds in San Francisco. The site is sheltered from prevailing winds by existing terrain which slopes upward to the west. The structures would not be freestanding, but would be sheltered by existing structures. The buildings' maximum height would be 100 feet, and at this height they would not extend into the wind stream.

For the above reasons, the proposed buildings do not appear to have the potential to cause or generate adverse wind impacts. Wind tunnel tests for the buildings are therefore not recommended.

I hope you find this analysis useful. Please call if you have questions or need more information.

Sincerely,



Donald Ballanti
Certified Consulting Meteorologist

